

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 2. Ensuring all questions are answered completely.
 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
 4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NC-505 - Charlotte/Mecklenburg County CoC

1A-2. Collaborative Applicant Name: City of Charlotte

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition Against Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veteran service Org	Yes	Yes
Other funders	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)**

The Housing Advisory Board of Charlotte-Mecklenburg (HAB), which governs the CoC, has members representing numerous organizations, businesses, agencies and persons with lived experience. Board committee members seek out evidence-based practices, disseminate local research, and guide strategic planning around ending and preventing homelessness. All HAB and CoC meetings are advertised, open meetings. Meeting content is driven by community needs. A community discussion around rapid rehousing (RRH) programs, led to hiring a consultant to work with providers on implementing RRH best practices and standardizing programs. Out of this work, a RRH Collaboration was founded where frontline staff meet regularly to discuss interventions and coordination among programs. CoC agencies also identified need for a vulnerability review for persons on the chronic homelessness registry whose true vulnerability may not be captured correctly in the current process. The CoC adopted this process in May 2017.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)**

CoC maintains an open invitation process and actively engages and coordinates with other systems of care that serve individuals and families experiencing homelessness, including reps. from different public and private funding sources. CoC encourages participation in bi-mthly meetings by reaching out beyond CoC membership to inform groups about CoC meetings, funding opportunities, and CoC-related activities. This year, the CoC explored how to strengthen coordination between the CoC and the local school system and reached out to youth providers to actively participate in PIT and ongoing CoC activities. Any citizen can apply through the City and County Clerk's office to serve on the governance board for CoC, which includes positions representing the hospital system, homeless services providers, formerly and or currently homeless individuals, veterans, public and private funders, school system. Providers are encouraged to invite current and former clients to participate in CoC meetings.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

Ongoing, CoC lead responds to agencies about funding opportunities and invites them to CoC mtgs. In advance of competition, announcements are made at CoC mtgs preparing agencies for the upcoming process. New agencies attending mtgs are added to email list for future meeting and funding notification. During competition, CoC lead advertises phases via email to the CoC members, Service Providers, Hsg Advisory Bd. and posts information on City's website. In addition, announcements were made at service providers mtgs. An initial announcement was posted on 7/24/17 that any agency with a new project regardless of previously CoC funding may submit a Letter of Interest (LOI) which was is then reviewed for minimum threshold requirements: Housing First, HMIS participation and financial capacity. If the agency met these requirements they could move on to the application process. Agencies that submitted a LOI were notified whether or not they were chosen to complete an application on 8/4/17.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

To assist with RFP, the City utilizes the CoC for guidance on best practice for ending/preventing homelessness and service coordination, and uses CoC's written standards and prioritization processes. CoC works with NC ESG office

prior to release of their RFP to identify service gaps and funding needs. CoC provides local performance measures, PIT data, HIC data (re:bed utilization) and HMIS data (re:data quality) to both City of Charlotte and NC ESG office as consolidated jurisdictions. Ongoing information is provided at NCHMIS Governance Committee meetings where CoC Lead, HMIS Local System Admin and NC ESG Coordinator are participating members. CoC collaborates with both jurisdictions and non-profit organizations to focus on homelessness, housing and community development. Through this, solutions for systemic housing problems have been developed. CoC members provide feedback to both the City of Charlotte and NC ESG office during the open comment period for their consolidated plans.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

Domestic violence (DV) victims who are in imminent danger are referred to the local DV shelter. Those left homeless as a result of DV, but not in imminent danger, are referred to the appropriate shelter, all of which receive ESG funds. DV victims facing housing instability/homelessness participate in the CoC's Coordinated Entry process. When requested, assessors complete assessments on paper to ensure client confidentiality. Assessors are trained to screen for DV and refer victims to appropriate services. CoC housing providers have received training on trauma informed care and all embrace a Housing First model, which allows them to bring appropriate wraparound services to victims when they are safely housed in their chosen housing units. Residents of shelters receive the childcare voucher if children are present. In Fall 2016, three CoC members received funding from Office on Violence Against Women to pilot a holistic, victim-centered, transitional housing program for 25 DV survivors.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

Coordinated Entry (CE) staff meets monthly and ongoing training is provided on the following DV needs: trauma-informed service provision, safety planning, survivor safety and confidentiality. Aggregate data is obtained from the DV shelter via the CAPER, PIT and HIC. DV shelter utilization rates provide community prevalence of DV-related homelessness and capacity. This data assist in identifying unmet needs and inform planning/decision-making. DV providers are active in CoC, ensuring voices are heard and advocating for access points to housing, programs, and funding. CE screens for DV and requires assessors to refer victims in imminent danger to the DV provider. Assessors (none of which are DV providers) must also explain CE data

collection process so that victims may offer informed consent to have their information included in HMIS. If the victim declines, the assessment is completed on paper.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Charlotte Housing Authority	83.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)**

PHA in CoC geographic area has homeless preference.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

CoC is committed to addressing needs of LGBTQ youth, adults & families. Local shelters have provided shelter/support services to over 20 persons identifying as transgender. To further address community need, a new partnership has been started between Men's Shelter of Charlotte (MSC) and Time Out Youth (TOY). A case manager from TOY is now co-located at MSC.

The Greater Charlotte Apartment Association offered a Fair Housing Workshop in April 2017 that was open to all CoC members. It covered emerging issues including the rights of Ex-Offenders, LGBTQ tenants and Design/Construction in addition to other Fair Housing topics. It was presented by the co-directors of the Fair Housing Project of Legal Aid of North Carolina. In Sept 2016, CoC implemented anti-discrimination policy for all PSH projects with the goal to implement CoC wide for shelter and rapid rehousing projects in early 2018. Also, each individual project implements their own anti-discrimination policy in order to access funds.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
LEO doesn't arrest panhandlers if service engaged	<input checked="" type="checkbox"/>
Landlord Consortium	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

All boxes in 1D-1 were checked.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="checked" type="checkbox"/>
Correctional Facilities:	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The CoC has written standards that require projects to follow HUD CPD 16-11 and prioritize based on length of time homeless and severity of service needs. Our Coordinated Entry process uses the VI-SPDAT, a nationally recognized survey to determine risk and make prioritization decisions. Points are given for being more than 60 years old, sleeping in an unsupervised location, emergency services use, current or past abuse/victimization, lack of income, and problems with health, mental health, and substance abuse. Individuals and families are prioritized based on their chronic homeless status, their VI-SPDAT score and length of time homeless. Projects funded through CoC must also participate in Coordinated Entry. In order for a projects to move forward in the competition, projects first were required to commit to both the CoC's prioritization and coordinated entry processes in a Letter of Interest (LOI) submitted. In addition, projects were required to commit to a Housing First Approach.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	CoC Process for R...	09/23/2017

Attachment Details

Document Description: CoC Process for Reallocation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. MOU, pages 1-3; Governance Charter page 1

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Mediware

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	827	80	735	98.39%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	360	0	348	96.67%
Rapid Re-Housing (RRH) beds	1,051	0	1,051	100.00%
Permanent Supportive Housing (PSH) beds	1,253	0	765	61.05%
Other Permanent Housing (OPH) beds	178	0	178	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)**

The bed coverage rate is below 85% for Permanent Supportive Housing (PSH). A total of 488 VASH beds not entered into HMIS made up 38.95% of the total PSH beds reported. Excluding the VASH beds would result in 100% bed coverage in HMIS. The CoC Lead and HMIS Administrator will continue to work with our local Veteran's Administration to do the following: discuss entering VASH data into HMIS, create detailed participation agreements, create sharing agreements, train staff to complete data entry into HMIS. Capturing data for this population will result in a clearer picture of services provided in the community.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/29/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/29/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)**

No change were made in 2017 to the CoC sheltered PIT count implementation.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	32
Beds Removed:	464
Total:	-432

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

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**2016 to 2017?
CoCs that did not conduct an unsheltered
count in 2016 or did not report unsheltered
PIT count data to HUD in 2016 should
compare their efforts in 2017 to their efforts in
2015.**

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

Special data collection strategies were employed to address the unique data collection needs of unsheltered homeless youth. This included targeting known locations for unsheltered youth, utilizing youth-specific providers and including screening questions that differentiate between youth who are homeless under non-HUD definitions and those homeless under the HUD definition. While still an undercount, this likely resulted in a higher number of unaccompanied and parenting youth. In addition, new steps were added in 2017 to ensure good data quality. This included cross-referencing unsheltered count survey data with HMIS data to improve accuracy, confirm chronic homelessness status and prevent duplicate entries with sheltered count. The final dataset was reviewed by a data quality review committee comprised of local agency representatives.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The CoC engaged youth-specific homeless service and education providers in the planning process; these providers served on the unsheltered count planning committee and identified youth-specific locations to conduct surveys and helped develop the youth addendum of the unsheltered count survey. After consulting youth, one youth-specific provider created a 4-hour drop-in event to help reach additional youth for the survey. As a result, the unsheltered count survey included youth-specific locations and times as part of the count in 2017.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Recognizing that chronic homelessness status requires multiple responses to survey questions, volunteers had access to a hotline during the count in order to

verify chronic homelessness status of unsheltered persons in HMIS. Unsheltered persons being interviewed were able to provide consent prior to the HMIS record check. After data was collected, the final data set was cross-referenced with the community veteran and chronic homelessness registries to ensure an accurate count for people experiencing chronic and veteran homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

Number of people experiencing homelessness for the first time decreased 9% (320 people) from FY15 (4082) to FY16 (3762). In the CoC, there are strategies in place to target first-time homelessness including prevention and diversion. Two agencies provide prevention assistance (rent and utility financial aid) to people at risk of homelessness. Diversion is provided at time of Coordinated Entry. From March 2016 to February 2017, 177 households were served with diversion assistance. This helped to divert 8% of the population seeking shelter from entering. Only 9% of the households who were diverted returned to access shelter after receiving diversion assistance. A data quality review committee reviews the system level data on behalf of the CoC and is currently building infrastructure to create a continuous quality improvement process for the community as an initial step to identify a CoC-level strategy.

3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

The average length of time (LOT) in ES and TH decreased 7 days from FY15 to FY16. The average LOT in ES only increased 5 days from FY15 to FY16. The average LOT for ES and TH in FY16 was 97 days and the median was 40 days. The average LOT for ES in FY16 was 71 days and the median was 31 days. The increase in the average LOT in ES from FY15 to FY16 could be connected to a portion of the shelter population staying for an extended period. The

median LOT is much lower than the average, indicating some individuals with long stays who are increasing the average for the entire population. The Men's Shelter of Charlotte targets interventions to those with longest length of stays, which has reduced their agency's LOT and contributed to a system wide decrease. A data quality review committee reviews the system level data for the CoC and is currently building infrastructure to create a continuous quality improvement process for the community as an initial step to identify a CoC-level strategy.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

In FY16, 50% (2,327 people) exited from emergency shelter, transitional housing and rapid re-housing to permanent housing. From FY15 to FY16, there was a 13% increase (from 1,847 in FY15 to 2,327 in FY16) in exits to permanent housing from emergency shelter, transitional housing and rapid re-housing. There was a 96% exit/retention rate maintained for permanent supportive housing from FY15 to FY16 (862 in FY15 and 937 in FY16). The increase in exits to permanent housing could be due to an increase in permanent housing options in the community. The number of permanent housing beds has increased since 2010 by 321% (1,978 beds). There are currently 2,595 permanent housing beds in the community. A data quality review committee reviews the system level data on behalf of the CoC and is currently building infrastructure to create a continuous quality improvement process for the community as an initial step to identify a CoC-level strategy.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

83% (FY15) and 82% (FY16) who exited homeless services into permanent housing (PH) did not return to homelessness within 2 years. In FY16, compared with emergency shelter and transitional housing, PH programs have the lowest return rate to homelessness within 2 years. From FY15 to FY16, there was a 1% (94 people) increase in the rate of return to homelessness within 2 years for all service types from FY15 to FY16. To impact returns to homelessness, Mecklenburg County invested in supportive services dollars to complement federal and local funding for housing assistance. Since FY14, almost \$4M in supportive services has been invested and has served over 350 households. There is no current community strategy to identify people who are returning to homelessness, but a data quality review committee reviews the system level

data on behalf of the CoC. Infrastructure is being built to create a continuous quality improvement process as an initial step to identify a CoC-level strategy.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

The CoC is currently exploring multiple strategies to address the lack of income growth among adult stayers and leavers in CoC-funded projects as well non-CoC funded projects. In 2017, a workgroup was formed to explore how to connect people applying for housing assistance at Coordinated Entry to employment opportunities. The workgroup is exploring partnerships with other major employers, workforce investment stakeholders and other providers. In addition, this measure has the lowest data quality. In response, the HMIS administrator is providing training and guidance around income entry. A data quality review committee reviews the system level data on behalf of the CoC and is currently building infrastructure to create a continuous quality improvement process for the community as an initial step to identify a full, CoC-level strategy.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

N/A

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. 06/04/2017
(mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	589	765	176

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	379
Total	379

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)**

The CoC adopted RRH program standards that specify homeless families must be re-housed within 30 days or as rapidly as possible. Families are assessed at coordinated entry and a tenancy barrier assessment is conducted within 3 days of program entry to enhance families' ability to quickly obtain permanent housing. A landlord consortium identifies readily available units; case managers use a housing first approach and assist families with locating housing and landlord negotiations; master leasing is used if the subsidy permits. These strategies decrease the length of family shelter stays. The VI-F-SPDAT and a common RRH application prioritize and expedite housing the most vulnerable families. A RRH group meets bi-monthly to staff cases and address emerging issues. RRH strategy effectiveness is measured by community length of time homeless, returns to homelessness and exits to permanent housing. RRH program performance is monitored by a data and quality improvement committee.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	252	279	27

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)**

Mecklenburg County provided \$40,000 in FY 18 to provide short term motel stays for homeless single fathers and couples with minor children when there are no rooms at shelters. The funds help ensure that no homeless family will be divided in order to be sheltered. Diversion is another way families are assisted

to stay together. The County provides \$50,000 for diversion annually. These funds assist households as they present, without regard to race, age, sex, gender, LGBT status, marital status or disability. Chronically homeless people are prioritized for permanent housing based on vulnerability; households eligible for rapid rehousing are assisted as funds become available. Any provider that receives CoC or ESG funds is prohibited from discriminating based on any of the above-noted grounds. The Homeless Services Network, a coalition of homeless services provider agencies, provided training in May on serving LGBTQ youth. HSN annually publicizes training on Fair Housing Laws.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input type="checkbox"/>
Number of Previous Homeless Episodes	<input type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

In our CoC, the Salvation Army, Men's Shelter (MSC), and The Relatives work together to address youth homelessness. In addition to shelter, all operate RRH programs. In 2016, The Relatives received NC ESG RRH funds to provide support for up to 12 months and 1-year aftercare regardless of the length of time an individual is housed in the program. Additionally, they secured private

funds to focus on youth aging out of foster care, couch-surfing or otherwise unstably housed. This funding pays for intensive case management and housing subsidies. Also, in 2017, MSC received CoC RRH funds for youth to provide subsidy with community aftercare support. In assessing effectiveness of the overall community's response to youth homelessness, we have seen success. According the Point in Time count there were 78 unaccompanied unsheltered youth in 2016 and 66 in 2017, which shows a reduction in youth homelessness by 15%. In 2016, there were 8 households with children only experiencing homelessness compared to 5 in 2017.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)**

McKinney-Vento (MKV) liaisons and Charlotte-Mecklenburg Schools (CMS) collaborate with Homeless Services Network (HSN) and Continuum of Care (CoC) agencies to ensure that educational issues affecting homeless children and families are addressed immediately when a household with children becomes homeless. Agencies refer families to the appropriate MKV liaisons to assist in enrolling children in their school of choice or maintaining placement in their school of origin and to arrange for transportation. Head Start, a pre-k program with CMS is offered onsite at the Salvation Army Shelter and serves as a formal partnership between the school and CoC agency. Member agencies follow a variety of procedures to ensure individuals and families are informed of their eligibility, including posting signs in both English and Spanish in community areas and training case management staff to educate and refer families to their school's MKV liaisons. CoC has adopted Educational Access Guidelines.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	Yes	No
Early Head Start	No	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		
McKinney-Vento Liaison	No	Yes

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

The CoC is working with the VA, the local PHA, SSVF providers, Charlotte Bridge Home and NC Serves to end Veteran homelessness. Veterans are identified by outreach teams who are locating Veterans on the street or in homeless camps. VA representatives are regularly on site at Urban Ministry Center where homeless Veterans can go for a meal, shower and to be connected to resources. Veterans are also identified at the Mecklenburg County Veterans Services Office. Veterans are assessed at coordinated entry locations, including one specifically designated for Veterans only. If the Veteran is chronically homeless they are given a VISPDAT assessment. Once identified, the Veteran is placed on the by-name registry and referred to a housing resource program (HUD-VASH, SSVF or GPD) of their choice. A team of housing and service providers meet bi-weekly to discuss housing placement plans for Veterans on the registry. VA partners also screen names for VA medical eligibility.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

1. North Carolina has an e-PASS system to allow people to apply for Medicaid, NC Health Choice (CHIP), and Food and Nutrition Services (SNAP). DSS, hospital and clinic social workers, and case managers with most homeless assistance programs assist with completing applications for Medicaid. There are ACA assisters available through multiple agencies within the CoC. DSS staff educate people about ACA and prisons give out ACA information at discharge. The most success has been achieved by using local SOAR specialists to assist with applying for Social Security benefits and obtaining Medicaid or Medicare as a result of obtaining these benefits. 2. The Homeless Services Network (HSN) is a local organization for homeless services providers. Information regarding any changes with mainstream benefits is relayed through the HSN distribution list. 3. The HSN Secretary is responsible for disseminating information to the

listserv, which includes member agencies and community members.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	13.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	13.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	13.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	13.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

Street outreach consists of 4 full-time staff. Twice a month outreach is conducted during early morning & evening hours. The team serves 100% of the CoC's geographic area & proactively outreaches areas where homeless individuals are likely to be found. They largely depend on referrals to learn about homeless camps & vulnerable individuals, through a highly promoted online form, and come from community members, hospital social workers, parks and rec. & police. Outreach staff conducts Coordinated Entry assessments in the field, and utilize the chronically homeless registry to target the most vulnerable individuals to connect them with PSH. Each staff member has an active caseload & works on rapport building with those who are resistant to services. The team focuses on unsheltered households who are least likely to request assistance due to various barriers. In August 2017, a PATH outreach team was started & will focus on individuals with untreated serious mental illness.

**4A-5. Affirmative Outreach
 Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Clients are offered housing program options for which they are eligible regardless of race, color, national origin, religion, sex, age, familial status etc and can choose any program. CE has partnered with 211 to have the housing process begin with a phone portal making it easier for people who have limited mobility. CoC provides effective communication to persons with disabilities and those with limited English proficiency by posting multi-lingual bulletin advisories in agency common areas informing them of their right to free language services, offer bilingual/interpretive services and written materials in other languages. Clients receive a packet that includes rights pertaining to fair housing and how to make complaints. When staff encounter an action that impedes fair housing choice they make the landlord aware and may also notify authorities. Program staff provide participants with contact information for Legal Aid if they feel their rights to fair housing have been violated.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	958	1,051	93

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Rejection-Reducti...	09/25/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Public posting of...	09/26/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	09/23/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	09/23/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R...	09/23/2017
06. CoC's Governance Charter	Yes	NC505 Governance ...	09/23/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/25/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	09/23/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	NC505 HMIS MOU	09/23/2017
11. CoC Written Standards for Order of Priority	No	NC505 Written Sta...	09/23/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	FY2017 CoC Compet...	09/23/2017
14. Other	No	NC505 Education A...	09/23/2017
15. Other	No		

Attachment Details

Document Description: Rejection-Reduction NC505

Attachment Details

Document Description: Public posting of all parts of consolidated application

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC Rating and Review Procedure posting

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: NC505 Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: NC505 HMIS MOU

Attachment Details

Document Description: NC505 Written Standards

Attachment Details

Document Description:

Attachment Details

Document Description: FY2017 CoC Competition Report

Attachment Details

Document Description: NC505 Education Access Guidelines

Attachment Details

Document Description: CoC Evidence of Communication to accepted participants

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/21/2017
1B. Engagement	09/26/2017
1C. Coordination	09/26/2017
1D. Discharge Planning	09/21/2017
1E. Project Review	09/26/2017
1F. Reallocation Supporting Documentation	09/23/2017
2A. HMIS Implementation	09/26/2017
2B. PIT Count	09/21/2017
2C. Sheltered Data - Methods	09/26/2017
3A. System Performance	09/26/2017
3B. Performance and Strategic Planning	09/26/2017

4A. Mainstream Benefits and Additional Policies	09/26/2017
4B. Attachments	09/26/2017
Submission Summary	No Input Required

Charlotte-Mecklenburg Continuum of Care
2017 New & Renewal Projects
Request for Letter of Interest for Continuum of Care Program

Due Monday, July 31, 2017

The Charlotte- Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for agencies to submit a Letter of Interest (LOI) for funding for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

The Notice of Funding Availability (NOFA) for the FY 2017 Continuum of Care (CoC) Program can be viewed at <https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>

Agencies considering submitting a letter of interest must clearly demonstrate their ability to successfully meet CoC program outcomes in one or more of the activity areas as outlined in the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule (24 CFR Part 578 [Docket No. FR-5476-I-01]).

INTRODUCTION

Eligible Activities:

- ***COC Renewal Projects (PSH, RRH, HMIS, or Coordinated Entry)***
- ***New Permanent Supportive Housing Projects (PSH)***
- ***New Rapid ReHousing Projects (RRH)***
- ***New Joint Transitional Housing and Rapid ReHousing Projects (TH-RRH)***

Note: Project must be ready to proceed in calendar year 2018.

COC PROJECTS ARE DESIGNED TO:

- Promote community-wide commitment to the goal of ending homelessness.
- Provide funding for efforts by nonprofit providers and State and local governments to quickly house or rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness.
- Promote access to and utilization of mainstream benefits by homeless individuals.
- Provide supportive services that are voluntary, flexible and consumer-driven.

Funding for these projects is provided through the HUD CoC Homeless Assistance Grant Programs (under the HEARTH Act). Submission of a Letter of Interest does not constitute an application nor does it constitute approval for funding by the CoC or by HUD.

The CoC anticipates that HUD will allow Charlotte-Mecklenburg to apply for approximately **\$3,500,000.00** in this competition.

WHO CAN SUBMIT A LETTER OF INTEREST

Applicants that:

- Serve persons residing in Mecklenburg County
- Is prepared to utilize or already utilizing the Homeless Management Information System to record client level data.

PROCESS

Step 1: Interested agencies must submit LOI form and certification by **July 31, 2017**.

Step 2: LOIs will be reviewed and evaluated in response to this announcement. Upon approval, applicants will be notified if they were or were not recommended to submit a full application for funding consideration.

Step 3: Applicants recommended will receive an invitation to submit a full project application and asked to submit via e-snaps.

Applicants that are not recommended will be provided a written explanation for the reason(s) for not being recommended and will be offered support and technical assistance to improve deficiencies identified during the letter of interest process. Applicants have the right to appeal funding recommendation decisions by submitting a formal written letter within two weeks of being notified.

SUBMISSION INSTRUCTIONS

All LOIs must be received electronically no later than **5:00 Monday, July 31, 2017** to rpfeiffer@charlottenc.gov. LOIs submitted after the deadline will not be reviewed or considered.

CONTACT INFORMATION

Questions may be directed to Rebecca Pfeiffer, CoC Coordinator at rpfeiffer@charlottenc.gov or by phone at 704.336.2266.

LETTER OF INTEREST FORM

Please complete the following information:

Agency:

Contact Name:

Contact information (phone & email):

Renewal Projects (currently receiving CoC funds)

Project Type (circle): PSH, RRH, HMIS, Coordinated Entry

Project Name:

Amount to be requested (this must be same as on Grant Inventory Worksheet):

Utilize Housing First approach? ____yes ____no

New Projects

Project Type (circle): PSH, RRH, TH-RRH, HMIS, Coordinated Entry

Project Name:

Target Population:

Project Description:

Amount to be requested:

Utilize Housing First approach? ____yes ____no

Will this project be to expand a current CoC funded project: ____ yes ____no

If yes, which renewal project:

CERTIFICATION LIST

Please initial all boxes to indicate organizational capacity.

☐ Agency can demonstrate that the project will provide a 25% match of the total budget amount (minus leasing dollars).

☐ Agency can demonstrate that the project would be ready to begin in the year 2018.

☐ Agency has registered or is prepared to register with the System for Awards Management to obtain a DUNS number.

☐ Agency has obtained or is prepared to obtain an E-snaps profile and is willing to submit HUD CoC applications through the required online portal.

☐ Agency has experience in providing housing and/or services to individuals or families experiencing homelessness.

☐ Agency is prepared to participate in Coordinated Entry.

☐ Agency is prepared to utilize Homeless Management Information System to capture client-level data on all clients in the program.

☐ Agency is prepared to prioritize eligible households based on the CoC's identified prioritization process.

Charlotte-Mecklenburg CoC Reallocation Process

The Charlotte-Mecklenburg Continuum of Care (hereinafter CoC) manages the performance of all CoC projects in the community and reallocates financial resources whenever doing so will improve the CoC's capacity to end homelessness. The CoC encourages new and existing providers to apply for new projects each fiscal year. The CoC reallocates funds using the following process when it has determined that a reallocation of funds from underperforming, underutilized or exiting programs will benefit the entirety of the homeless community.

- 1) The CoC, through the Collaborative Applicant, the City of Charlotte, issues a notice for a Letter of Intent (LOI) for new, bonus and renewal project applications.
- 2) The LOI specifies that an agency must indicate that it intends to submit a new, renewal or permanent housing bonus project for consideration as per HUD guidelines.
- 3) All projects submitted in LOI must pass a preliminary threshold review for eligibility under HUD guidelines.*
- 4) All projects which pass threshold review will be notified that they are eligible to submit a project application to the CoC for funding consideration.
- 5) Projects applications are submitted to the CoC by the designated deadline which is no less than 30 days form Collaborative Applicant deadline to HUD.
- 6) An external review committee established by the CoC reviews renewal projects based on performance, new projects based on organizational capacity, strategic priority, project approach and design, and total cost effectiveness.

If reallocation is necessitated to fund projects, the review committee continues with a discussion of projects losing or gaining funds through reallocation. Recommendations to reallocate funds by the review committee considers HUD's policy priorities and strategic objectives and the CoC's needs and priorities, in relation to any new and existing renewal project proposals, as well as the performance and spending history of existing renewal projects.

Finally, the recommended project funding and priority listing is presented by the Review Committee to the CoC for review and discussion. A single priority listing of projects is then developed for submission to HUD through the Collaborative Application. The priority listing, if applicable, indicates to HUD the renewal grants which have been eliminated or reduced in funding, so as to create one or more new projects through the reallocation process.

The Notice for Letters of Intent, Notice of Project Process Competition, New Project Application Scorecard and Renewal Project Application Scorecard are posted annually by the Collaborative Applicant at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx> and distributed directly to each prospective applicant that is approved to continue in the application process.

*During each application period, HUD specifies types of eligible new projects for which reallocated or bonus funds may be used. For FY 2017, the following project types may utilize reallocated funds:

- (a) new permanent supportive housing projects where all beds will be dedicated (or dedicatedPLUS) for use by chronically homeless individuals and families; (b)

Charlotte-Mecklenburg CoC
Reallocation Process

new rapid rehousing projects for homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, persons fleeing domestic violence situations, or receiving services from VA-funded homeless assistance program; (c) new joint transitional housing and rapid rehousing projects to serve homeless individuals and families, including those fleeing or attempting to flee domestic violence; (d) new Supportive Services Only (SSO) projects specifically for a centralized or coordinated assessment system; and (e) new dedicated Homeless Management Information System (HMIS) projects.

Pfeiffer, Rebecca

From: Morton, Courtney <Courtney.Morton@mecklenburgcountync.gov>
Sent: Monday, July 24, 2017 4:30 PM
Subject: FW: The FY 2017 CoC Program Competition is Now Open
Attachments: Charlotte-Mecklenburg CoC Request for Letter of Interest July 2017.docx

HSN,

Please see the information below and attachment from Rebecca Pfeiffer with the City of the Charlotte regarding the Continuum of Care application.

Thanks,

Courtney Morton, MSW, LCSW
MANAGEMENT ANALYST
HOUSING & HOMELESSNESS RESEARCH COORDINATOR

This message and any attachments included are from the Mecklenburg County Community Support Services and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

From: Pfeiffer, Rebecca [mailto:rpfeiffer@ci.charlotte.nc.us]
Sent: Monday, July 24, 2017 4:27 PM
To: Morton, Courtney <Courtney.Morton@mecklenburgcountync.gov>
Subject: FW: The FY 2017 CoC Program Competition is Now Open

Courtney, please forward to HSN. Thank you.

Good Afternoon,

As noted below, the Continuum of Care Program application is now available. As the first step in the local process, agencies have the opportunity to submit a Letter of Interest for funding (information attached). Please note the deadline to submit is Monday, July 31, 2017.

Please contact me if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Monday, July 24, 2017 4:26 PM
To: Pfeiffer, Rebecca
Cc: Brian.Middleton@carolinashealthcare.org; Gaertner, Mary
Subject: FW: The FY 2017 CoC Program Competition is Now Open
Attachments: Charlotte-Mecklenburg CoC Request for Letter of Interest July 2017.docx

Good Afternoon,

As noted below, the Continuum of Care Program application is now available. As the first step in the local process, agencies have the opportunity to submit a Letter of Interest for funding (information attached). Please note the deadline to submit is Monday, July 31, 2017.

Please contact me if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

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600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]
Sent: Friday, July 14, 2017 12:38 PM
To: Pfeiffer, Rebecca
Subject: The FY 2017 CoC Program Competition is Now Open

Is this email not displaying correctly? [View it in your browser.](#)



HUD EXCHANGE

*Resources and assistance to
support HUD's community
partners*

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, July 26, 2017 2:48 PM
To: Pfeiffer, Rebecca
Cc: Gaertner, Mary; Brian.Middleton@carolinashealthcare.org
Subject: CoC application process website information

FYI-

Throughout our local Continuum of Care Application process, as information is released via email it will also be posted on the City of Charlotte website, <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca

From: Pfeiffer, Rebecca
Sent: Monday, July 24, 2017 4:26 PM
To: Pfeiffer, Rebecca
Cc: Brian.Middleton@carolinashealthcare.org; Gaertner, Mary A.
Subject: FW: The FY 2017 CoC Program Competition is Now Open

Good Afternoon,

As noted below, the Continuum of Care Program application is now available. As the first step in the local process, agencies have the opportunity to submit a Letter of Interest for funding (information attached). Please note the deadline to submit is Monday, July 31, 2017.

Please contact me if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

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FAX: 704.632.8500
rpfeiffer@charlottenc.gov



From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]
Sent: Friday, July 14, 2017 12:38 PM
To: Pfeiffer, Rebecca
Subject: The FY 2017 CoC Program Competition is Now Open

Housing Advisory Board

charlottenc.gov/HNS/Housing/HAB/Pages/2017-Continuum-of-Care-Application-information.aspx

HOUSING & NEIGHBORHOOD SERVICES

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2017 CONTINUUM OF CARE APPLICATION INFORMATION

City of Charlotte > Housing & Neighborhood Services > Housing Services > Housing Advisory Board > 2017 Continuum of Care Application information

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Request for Letter of Interest for Continuum of Care Program

Charlotte-Mecklenburg Continuum of Care

2017 New & Renewal Projects

Due Monday, July 31, 2017

The Charlotte- Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for agencies to submit a Letter of Interest (LOI) for funding for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

Please see the attached [Request for Letter of Interest](#) for complete information including required documents and due date.

Rejection-Reduction
CoC Consolidated Application: Evidence of the CoC's Communication to Rejected
Participants
Corresponding Application Question(s): 1E-5, 1E-5a

This attachment includes:

A. Acceptance/Rank notification to Project Applicant (per 1E-5a)

Comments:

- NC-505 did not reject any projects in the FY 2017 CoC Program Competition.
- NC-505 notified Project Applicant of applications accepted and ranked on the Priority Listing, in writing, outside of e-snaps, on September 13, 2017. The Collaborative Applicant distributed notifications via email which included the CoC Funding Recommendations and Ranking. This document was also posted to CoC website.

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, September 13, 2017 10:41 AM
To: John Yaegar; Stephen McQueen
Subject: CoC funding notification
Attachments: 2017 Char Meck Funding Recommendations and Ranking Sept 2017.pdf

John & Stephen,

The following Urban Ministry Center project applications will be included in the FY2017 Consolidated Application to HUD for possible CoC funding:

Project	Amount	Project Rank
Homeless to Homes	\$ 54,727	3
Homeless to Homes Expansion	\$140,764	6
Moore Place Expansion	\$ 84,915	14

Please review your project applications to insure you have answered all the questions as completely as possible. I suggest you have someone not familiar with the project read your application for clarity and completeness.

Please complete this review and submit the project applications in eSnaps no later than Monday, September 18, 2017.

A complete list of project applications being included in the Consolidated Application is attached and will be posted at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, September 13, 2017 10:43 AM
To: Pam Jepsen
Subject: CoC funding notification
Attachments: 2017 Char Meck Funding Recommendations and Ranking Sept 2017.pdf

Pam,

The following Supportive Housing Communities project application(s) will be included in the FY2017 Consolidated Application to HUD for possible CoC funding:

Project	Amount	Project Rank
Scattered Site III	\$146,114	2
Scattered Site I	\$140,010	12
Rapid Re-Housing III*	\$254,248	15

* This project is being submitted under the Bonus funding opportunity.

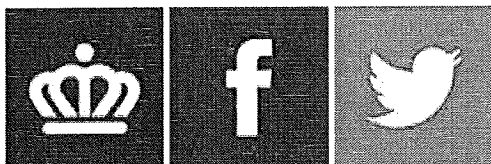
Please review your project applications to insure you have answered all the questions as completely as possible. I suggest you have someone not familiar with the project read your application for clarity and completeness.

Please complete this review and submit the project applications in eSnaps no later than Monday, September 18, 2017.

A complete list of project applications being included in the Consolidated Application is attached and will be posted at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES
City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, September 13, 2017 10:44 AM
To: Deronda.Metz@uss.salvationarmy.org
Subject: CoC funding notification
Attachments: 2017 Char Meck Funding Recommendations and Ranking Sept 2017.pdf

Deronda,

The following Salvation Army project application(s) will be included in the FY2017 Consolidated Application to HUD for possible CoC funding:

Project	Amount	Project Rank
Family Rapid Re-Housing	\$258,764	4

Please review your project applications to insure you have answered all the questions as completely as possible. I suggest you have someone not familiar with the project read your application for clarity and completeness.

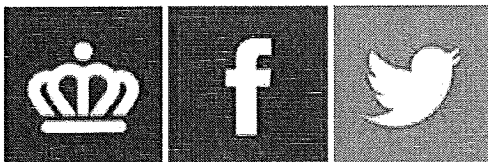
Please complete this review and submit the project applications in eSnaps no later than Monday, September 18, 2017.

A complete list of project applications being included in the Consolidated Application is attached and will be posted at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, September 13, 2017 10:45 AM
To: Liz Clasen-Kelly (Liz.Clasen-Kelly@mensshelterofcharlotte.org); 'Randall.Hitt'
Subject: CoC funding notification
Attachments: 2017 Char Meck Funding Recommendations and Ranking Sept 2017.pdf

Liz & Randall,

The following Men's Shelter of Charlotte project application(s) will be included in the FY2017 Consolidated Application to HUD for possible CoC funding:

Project	Amount	Project Rank
Moving Forward, Moving Home	\$54,412	7

Please review your project applications to insure you have answered all the questions as completely as possible. I suggest you have someone not familiar with the project read your application for clarity and completeness.

Please complete this review and submit the project applications in eSnaps no later than Monday, September 18, 2017.

A complete list of project applications being included in the Consolidated Application is attached and will be posted at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, September 13, 2017 10:46 AM
To: Dewitt, Nicole (nicoled@communitylinknc.org); Harold Rice (haroldr@communitylink-nc.org)
Subject: CoC funding notification
Attachments: 2017 Char Meck Funding Recommendations and Ranking Sept 2017.pdf

Nicole & Harold,

The following Community Link project application(s) will be included in the FY2017 Consolidated Application to HUD for possible CoC funding:

Project	Amount	Project Rank
Meck Rapid Re-Housing	\$414,507	10

Please review your project applications to insure you have answered all the questions as completely as possible. I suggest you have someone not familiar with the project read your application for clarity and completeness.

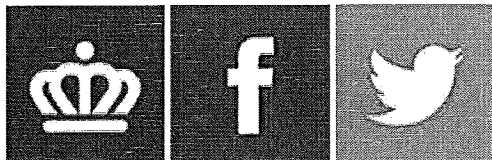
Please complete this review and submit the project applications in eSnaps no later than Monday, September 18, 2017.

A complete list of project applications being included in the Consolidated Application is attached and will be posted at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, September 13, 2017 10:49 AM
To: 'Lowry, Stacy M.'
Cc: Erin Schroeder; Safir, Peter; Helen; Priester, MaryAnn (MaryAnn.Priester@mecklenburgcountync.gov); Megan Coffey
Subject: CoC Funding notification
Attachments: 2017 Char Meck Funding Recommendations and Ranking Sept 2017.pdf

Stacy,

The following Mecklenburg County project application(s) will be included in the FY2017 Consolidated Application to HUD for possible CoC funding:

Project	Amount	Project Rank
SPC Renewal D	\$ 95,288	1
SPC Renewal B	\$ 125,160	5
HMIS	\$ 63,000	8
Coordinated Entry	\$ 63,000	9
SPC Renewal C	\$ 104,522	11
SPC Renewal A	\$1,796,907	13

Please review your project applications to insure you have answered all the questions as completely as possible. I suggest you have someone not familiar with the project read your application for clarity and completeness.

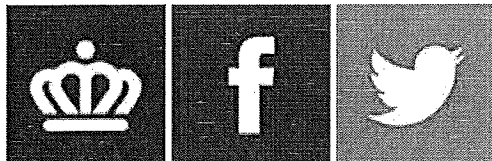
Please complete this review and submit the project applications in eSnaps no later than Monday, September 18, 2017.

A complete list of project applications being included in the Consolidated Application is attached and will be posted at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
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FAX: 704.632.8500
rpfeiffer@charlottenc.gov



The Charlotte-Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for agencies to submit a Letter of Interest (LOI) for funding for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

Please see the attached [Request for Letter of Interest](#) for complete information including required documents and due date.

Notice of Project Process Competition

Charlotte-Mecklenburg Continuum of Care

2017 New & Renewal Projects

Due Wednesday, August, 23, 2017

The Charlotte-Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for eligible agencies to submit an application package for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

Please see the attached [Notice of Project Process Competition](#) for complete information including required documents and due date. The following documents are also attached for your reference:

- New Project Application Scorecard
- Renewal Project Application Scorecard
- 2017 CoC Scorecard Methodology

FY2017 Consolidated Application Information

Charlotte-Mecklenburg Continuum of Care

2017 New & Renewal Projects

- FY2017 Char Meck Funding Recommendations and Ranking
- FY2017 Char Meck Continuum of Care Collaborative Application
- FY2017 Char Meck Continuum of Care Priority Listing

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Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Tuesday, September 26, 2017 6:36 PM
To: Pfeiffer, Rebecca
Cc: Gaertner, Mary; Brian.Middleton@carolinashealthcare.org
Subject: CoC Collaborative Application

Dear Community Members,

The Charlotte-Mecklenburg Continuum of Care has submitted the FY2017 CoC Collaborative application. The consolidated application, attachments and project priority listing can be viewed at <http://charlottenc.gov/HNS/Housing/HAB/Pages/2017-Continuum-of-Care-Application-information.aspx>.

Thank you to all the partners who helped complete this application.

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
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MOBILE: 704.622.4708
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rpfeiffer@charlottenc.gov



Charlotte-Mecklenburg Continuum of Care
2017 New & Renewal Projects
Notice of Project Process Competition

Due Wednesday, August, 23, 2017

The Charlotte-Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for eligible agencies to submit an application package for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

The Notice of Funding Availability (NOFA) for the FY 2017 Continuum of Care (CoC) Program can be viewed at <https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>

In addition, all information around our local application process can be located at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Agencies submitting project applications are strongly encouraged to review the FY 2017 CoC Funding Notice, FY 2017 CoC Program Competition NOFA, FY 2017 General Section NOFA, and General Section Technical Correction to ensure proper consideration of all application requirements. Competition information can be located at <https://www.hudexchange.info/programs/e-snaps/guides/coc-program-competition-resources>.

Project Applications for all new (including Bonus) and renewal projects are due to the Charlotte Mecklenburg CoC c/o Rebecca Pfeiffer, The City of Charlotte, Housing and Neighborhood Services via email to rpfeiffer@charlottenc.gov on or before **11:59 p.m., Wednesday, August 23, 2017** for review and ranking by the Continuum of Care funding subcommittee. A completed project application package will include all components listed on the accompanied checklist.

Written notification on project application(s) inclusion as part of the CoC Consolidated Application submission will be sent to all project applicants no later than September 14, 2017.

Additional information about the Continuum of Care programs can be found at www.hudexchange.info or you may contact Rebecca Pfeiffer at 704-336-2266 or by email at rpfeiffer@charlottenc.gov.

Char-Meck CoC
Released August 4, 2017

**CHARLOTTE-MECKLENBURG CONTINUUM OF CARE
2017 NOTICE OF FUNDING APPLICATION (NOFA)**

CHECKLIST FOR ALL PROJECT APPLICATIONS

A completed project application package for the 2017 NOFA Application will include the following items. Please ensure that you have all components.

ALL PROJECT APPLICATIONS

- ☐ PDF Version of the Project Application completed in e-snaps.
- ☐ Attach latest Agency Audit Summary Report.¹
- ☐ Attach description of mechanism by which consumers have a voice into how program is shaped.
- ☐ Attach documentation on how project demonstrates it meets and existing gap in the continuum of services and utilizes community partnerships/collaborations to maximize program impact.

RENEWAL APPLICATIONS ONLY

- ☐ LOCCS voucher for latest completed grant period (this should be the same as APR submitted)
- ☐ HMIS Data Completeness Report for July 1, 2016 – June 30, 2017
- ☐ Attach documentation on how project upholds HMIS privacy procedures.
- ☐ Attach latest version of Annual Performance Report (APR)

NEW PROJECT APPLICATIONS ONLY

- ☐ Attach written statement that Agency will participate in Homeless Management Information System (HMIS) (or equivalent system if DV Provider)
- ☐ Attach documentation of how project will utilize Housing First Implementation.

☐ Attach documentation of applicant experience in working with the proposed population and in provide housing similar to that being proposed in application.

☐ Attach documentation of applicant experience in contract compliance with HUD regulations and contract provisions.

☐ Attach description for how project 1) fills and identifiable gap/need; 2) understands the needs of the clients to be served; and 3) how the type, scale and location of the housing fit the needs of clients to be served.

☐ Attach project budget.

OPTIONAL

☐ Attach a 1-page, typed document to provide any additional information on the items referenced in the NOFA Project Scorecard.

¹ Please ensure that the Audit Summary Document provided includes information on the results of your audit.

2017 CoC New Projects Scorecard

Components		Sources	Maximum scores available
Threshold			n/a
<i>Financial</i>			n/a
Most recent agency audit demonstrated there were no unresolved material findings.		Last completed Agency Audit	n/a
<i>HMIS</i>			n/a
Agency is willing to participate in entering data into HMIS (or equivalent system if DV provider).		Written statement from agency	n/a
<i>Housing First</i>			n/a
Project utilizes Housing First implementation.		Project provide information on how they will utilizing Housing First implementation including 1) eligibility criteria, 2) process for accepting new clients, 3) process and criteria for exiting clients.	n/a
Project Narratives			
<i>Agency Experience</i>			
Project describes the experience of the applicant in working with the proposed populations and in providing housing similar to that proposed in application.			up to 15
Project describes agency experience in contract compliance with HUD regulations and contract provisions.			up to 10
<i>Design of Housing & Supportive Services</i>			
Project describes 1)an identifiable gap/need that project will be filling; 2) understanding the needs of the clients to be served; 3) how the type, scale, and location of the housing fit the needs of clients to be served.			up to 15
<i>Financial</i>			
Project is cost effective.		Compare projected cost per person to the CoC average within project type	up to 5

2017 CoC New Projects Scorecard

Budget costs are reasonable and allowable.		20
Project described mechanism by which consumers will have a voice into how the program is shaped.		yes 5 points / no 0 points
Project offers evidence to demonstrate that it meets an existing gap in the continuum of services. Project demonstrates effective community partnerships/collaborations to maximize program impact.		up to 5 points

2017 CoC Renewal Projects Scorecard

(If APR was submitted before March 31, 2017 utilizing esnaps Reporting tool)

Components	Threshold	Sources	Maximum scores available	75% of max score	50 % of max score	25% of max score
			n/a	n/a	n/a	n/a
<i>Financial</i>			n/a	n/a	n/a	n/a
Most recent agency audit demonstrated there were no unresolved material findings		Last completed Agency Audit	n/a	n/a	n/a	n/a
Agency has been drawing down funds in a timely manner.		Line of Credit Control Systems (LOCCS) Voucher for last completed grant period	n/s	n/a	n/a	n/a
<i>HMIS</i>			n/a	n/a	n/a	n/a
		Agency submitted HMIS Report 0252 Data Completeness Report Card covering July 1, 2016 - June 30, 2017 (or equivalent report for Domestic Violence Providers)	n/a	n/a	n/a	n/a
Agency enters data into HMIS.						
Agency upholds required privacy procedures.		Agency submitted a copy of their privacy procedures, privacy notices and where they are located in the organization (pictures of posted notices)	n/a	n/a	n/a	n/a
<i>Housing First</i>			n/a	n/a	n/a	n/a
Project uses Housing First implementation		esnaps application Q3d	n/a	n/a	n/a	n/a
Performance Measures						
<i>Exits to Permanent Housing</i>						
Rapid Re-housing: ≥ 90% move to PH						
Permanent Supportive Housing: ≥ 90% remain in or move to PH		APR Q29a1 & Q29a1	24	18	12	6
		Calculation: 1) Subtract leavers to all destinations (APR Q29a1 and Q29a2) from number of participants (APR Q8) to determine number of stayers; 2) Add leavers to permanent housing destinations (APR Q29a1 & Q29a2); 3) Add stayers (Step 1) and leavers to permanent housing destinations (Step 2) and divide by number of participants (APR Q7)	24	18	12	6
<i>New or Increased Income and Earned Income</i>						
Increased income for project stayers: 8% + increase		APR Q24b1	4	3	2	1
Increased income for project leavers: 8% + increase		APR Q24b2	4	3	2	1

2017 CoC Renewal Projects Scorecard

(if APR was submitted before March 31, 2017 utilizing esnaps Reporting tool)

Applicant Narrative							
Project described mechanism by which consumers have a voice into how the program is shaped. At least one example is provided on consumer input informed service delivery.		yes 5 points / no 0 points	n/a	n/a			
gap in the continuum of services. Project demonstrates effective community partnerships/collaborations to maximize program impact.		up to 5 points	n/a	n/a			
Project Effectiveness							
Projects has reasonable costs: cost are within 5% of average cost per positive housing exit for project type (total project cost/number of exits to permanent housing).	Divide total project costs (collected from each project's budget information submitted in esnaps application) by number of permanent housing exits (APR Q23a & Q23b)	n/a	n/a	n/a			

2017 CoC Renewal Projects Scorecard

(if APR was submitted April 1, 2017 or after utilizing SAGE Reporting tool)

Components		Sources	Maximum scores available	75% of max score	50 % of max score	25% of max score
Threshold			n/a	n/a	n/a	n/a
<i>Financial</i>			n/a	n/a	n/a	n/a
Most recent agency audit demonstrated there were no unresolved material findings		Last completed Agency Audit	n/a	n/a	n/a	n/a
Agency has been drawing down funds in a timely manner.		Line of Credit Control Systems (LOCCS) Voucher for last completed grant period	n/s	n/a	n/a	n/a
<i>HMIS</i>			n/a	n/a	n/a	n/a
Agency enters data into HMIS.		Agency submitted HMIS Report 0252 Data Completeness Report Card covering July 1, 2016 - June 30, 2017 (or equivalent report for Domestic Violence Providers)	n/a	n/a	n/a	n/a
Agency upholds required privacy procedures.		Agency submitted a copy of their privacy procedures, privacy notices and where they are located in the organization (pictures of posted notices)	n/a	n/a	n/a	n/a
<i>Housing First</i>			n/a	n/a	n/a	n/a
Project uses Housing First implementation		esnaps application Q3d	n/a	n/a	n/a	n/a
Performance Measures						
<i>Exits to Permanent Housing</i>						
Rapid Re-housing: ≥ 90% move to PH		APR Q23a & Q23b	24	18	12	6
Permanent Supportive Housing: ≥ 90% remain in or move to PH		Calculation: 1) Subtract leavers to all destinations (APR Q23a and Q23b) from number of participants (APR Q7) to determine number of stayers; 2) Add leavers to permanent housing destinations (APR Q23a & Q23b); 3) Add stayers (Step 1) and leavers to permanent housing destinations (Step 2) and divide by number of participants (APR Q7)	24	18	12	6
<i>New or Increased Income and Earned Income</i>						
Increased income for project stayers: 8% + increase		APR Q19a1	4	3	2	1

2017 CoC Renewal Projects Scorecard

(if APR was submitted April 1, 2017 or after utilizing SAGE Reporting tool)

Increased income for project leavers: 8% + increase	APR Q19a2	4	3	2	1
Applicant Narrative					
Project described mechanism by which consumers have a voice into how the program is shaped. At least one example is provided on consumer input informed service delivery.		yes 5 points / no 0 points	n/a	n/a	n/a
gap in the continuum of services. Project demonstrates effective community partnerships/collaborations to maximize program impact.		up to 5 points	n/a	n/a	n/a
Project Effectiveness					
Projects has reasonable costs: cost are within 5% of average cost per positive housing exit for project type (total project cost/number of exits to permanent housing).	Divide total project costs (collected from each project's budget information submitted in eSnaps application) by number of permanent housing exits (APR Q23a & Q23b)	n/a	n/a	n/a	n/a

**CHARLOTTE-MECKLENBURG CONTINUUM OF
CARE (CoC)
2017 NOTICE OF FUNDING APPLICATION (NOFA)**

Methodology for assigning scores

- 1) Each performance measure will be scored with a goal of placing an equal number of projects in four, tiered categories.
- 2) To that end, projects will be scored in relation to each other as follows*:

Step 1: All responses will be placed in numerical order.

Step 2: The ranked list will then be broken down into 4 groups**

Step 3: Projects will be assigned score according to the group they are in.

- highest group numbers will receive max points
- next group will receive 75% of max score
- third group will receive 50% of max score
- final group will receive 25% of max score

*For exits to PH, project will be scored with same PH component (RRH or PSH)

** If the total number of projects responses is not divisible by 4, then excel will perform a statistical analysis and group projects into quartiles based on a bell curve methodology.

Note:

- Rounding principals will be utilized if response is not a whole number: down for .49 or under; up for .50 or higher.
- 3) Each question with a narrative response will be assigned a score (up to the maximum score available) by review committee members. The average of the assigned score will be used on the overall project scorecard.
 - 4) Project Effectiveness Component on renewal scorecard will not be scored during this completion. Information collected will be utilized to provide baseline data.

**CHARLOTTE-MECKLENBURG CONTINUUM OF CARE
(CoC)
2017 NOTICE OF FUNDING APPLICATION (NOFA)**

Additional Ranking Information

- 1) Projects that were NEW in last year's competition but have not been able to begin activities due to processing of grant agreements, are being recommended to be ranked as noted below, which is at the midpoint of the scoring distribution, without a scored project applications.

Rank Position 6	Urban Ministry Center – Homeless to Homes Expansion
Rank Position 7	Men's Shelter of Charlotte – RRH project
Rank Position 9	Mecklenburg County – Coordinated Entry

This method gives these new projects the opportunity to perform without the risk of a cut to funding. Likewise it allows for the correct assessment of current projects, i.e. lowest performing projects will fall to the bottom of the distribution and highest performing projects will remain at the top of the distribution.

- 2) Mecklenburg County – HMIS project is being recommended to be placed in Rank Position 8. Project only needs to be reviewed for financial threshold requirement.
- 3) If necessary for a single project to straddle between Tier 1 & Tier 2 on the ranking tool, it is recommended to place the highest ranking project that is not fully funded in Tier 1 and can feasibly provide the same services with the remaining available amount in Tier 1 in the straddled position. This project may be expected to perform with only the Tier 1 amount. Tier 2 funds are not guaranteed.

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:21 PM
To: John Yaegar; Stephen McQueen
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

Thank you for interesting in applying for 2017 Continuum of Care Funds. After reviewing your Letter of Interest you have been recommended to move on to the project competition phase where you will submit application packages for individual projects you are requesting to be funded.

Please see the attached Notice of Project Process Competition and Application Checklist for complete information including required documents and due date. The following documents are also attached for your reference:

- Renewal Project Application Scorecard
- Scorecard Methodology
- CoC Appeals process
- HUD instructions for completing a project application in esnaps.

This information can also be located at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Please let me know if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:24 PM
To: Deronda.Metz@uss.salvationarmy.org
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

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Please let me know if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

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600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:25 PM
To: Priester, MaryAnn (MaryAnn.Priester@mecklenburgcountync.gov); Helen
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

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Please let me know if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

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PHONE: 704.336.2266
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FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:26 PM
To: Megan Coffey; Helen
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

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This information can also be located at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Please let me know if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

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PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:26 PM
To: Erin Schroeder; Safir, Peter
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

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Please let me know if you have any questions,

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FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Tuesday, August 08, 2017 12:00 PM
To: Dewitt, Nicole (nicoled@communitylinknc.org); Harold Rice (haroldr@communitylink-nc.org)
Cc: Gaertner, Mary A.
Subject: RE: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

Attachments could be helpful – sorry.

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:22 PM
To: Dewitt, Nicole (nicoled@communitylinknc.org); Harold Rice (haroldr@communitylink-nc.org)
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice

Thank you for interesting in applying for 2017 Continuum of Care Funds. After reviewing your Letter of Interest you have been recommended to move on to the project competition phase where you will submit application packages for individual projects you are requesting to be funded.

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rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Tuesday, August 08, 2017 12:01 PM
To: Liz Clasen-Kelly (Liz.Clasen-Kelly@mensshelterofcharlotte.org); 'Randall.Hitt'
Cc: Gaertner, Mary A.
Subject: RE: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; FY-2017-Renewal-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

Attachments could be helpful – sorry.

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:23 PM
To: Liz Clasen-Kelly (Liz.Clasen-Kelly@mensshelterofcharlotte.org); 'Randall.Hitt'
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice

Thank you for interesting in applying for 2017 Continuum of Care Funds. After reviewing your Letter of Interest you have been recommended to move on to the project competition phase where you will submit application packages for individual projects you are requesting to be funded.

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Please let me know if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

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rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Tuesday, August 08, 2017 12:02 PM
To: Pam Jefsen; Kelly Lynn (Kelly@aplacetoliveagain.org)
Cc: Gaertner, Mary A.
Subject: RE: CoC Competition Notice
Attachments: FY2017 CoC Competition Notice 8.4.17.pdf; 2017 CoC Application Checklist August 2017.pdf; 2017 CoC RENEWAL project scorcard final.pdf; 2017 CoC scorecard methodology final.pdf; FY-2017-Budgets-Project-Application-Instructional-Guide.pdf; How-to-Access-the-Project-Application.pdf; How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf; Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf; Updating-the-Applicant-Profile.pdf; Char Meck CoC Appeals process August 2017.pdf

Let's try this again with the attachments—sorry,

From: Pfeiffer, Rebecca
Sent: Friday, August 04, 2017 5:24 PM
To: Pam Jefsen; Kelly Lynn (Kelly@aplacetoliveagain.org)
Cc: Gaertner, Mary A.
Subject: CoC Competition Notice

Thank you for interesting in applying for 2017 Continuum of Care Funds. After reviewing your Letter of Interest you have been recommended to move on to the project competition phase where you will submit application packages for individual projects you are requesting to be funded.

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Please let me know if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

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HOUSING & NEIGHBORHOOD SERVICES

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2017 NC EMERGENCY SOLUTION GRANT FUNDING OPPORTUNITY **2017 CONTINUUM OF CARE APPLICATION INFORMATION**

City of Charlotte > Housing & Neighborhood Services > Housing Services > Housing
Advisory Board > 2017 Continuum of Care Application information

Print Share

Request for Letter of Interest for Continuum of Care Program

Charlotte-Mecklenburg Continuum of Care

2017 New & Renewal Projects

Due Monday, July 31, 2017

The Charlotte-Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for agencies to submit a Letter of Interest (LOI) for funding for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

Please see the attached [Request for Letter of Interest](#) for complete information including required documents and due date.

Notice of Project Process Competition

Charlotte-Mecklenburg Continuum of Care

2017 New & Renewal Projects

Due Wednesday, August, 23, 2017

The Charlotte-Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for eligible agencies to submit an application package for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

Please see the attached [Notice of Project Process Competition](#) for complete information including required documents and due date. The following documents are also attached for your reference:

- [New Project Application Scorecard](#)
- [Renewal Project Application Scorecard](#)
- [2017 CoC Scorecard Methodology](#)

Charlotte-Mecklenburg CoC
Reallocation Process

The Charlotte-Mecklenburg Continuum of Care (hereinafter CoC) manages the performance of all CoC projects in the community and reallocates financial resources whenever doing so will improve the CoC's capacity to end homelessness. The CoC encourages new and existing providers to apply for new projects each fiscal year. The CoC reallocates funds using the following process when it has determined that a reallocation of funds from underperforming, underutilized or exiting programs will benefit the entirety of the homeless community.

- 1) The CoC, through the Collaborative Applicant, the City of Charlotte, issues a notice for a Letter of Intent (LOI) for new, bonus and renewal project applications.
- 2) The LOI specifies that an agency must indicate that it intends to submit a new, renewal or permanent housing bonus project for consideration as per HUD guidelines.
- 3) All projects submitted in LOI must pass a preliminary threshold review for eligibility under HUD guidelines.*
- 4) All projects which pass threshold review will be notified that they are eligible to submit a project application to the CoC for funding consideration.
- 5) Projects applications are submitted to the CoC by the designated deadline which is no less than 30 days form Collaborative Applicant deadline to HUD.
- 6) An external review committee established by the CoC reviews renewal projects based on performance, new projects based on organizational capacity, strategic priority, project approach and design, and total cost effectiveness.

If reallocation is necessitated to fund projects, the review committee continues with a discussion of projects losing or gaining funds through reallocation. Recommendations to reallocate funds by the review committee considers HUD's policy priorities and strategic objectives and the CoC's needs and priorities, in relation to any new and existing renewal project proposals, as well as the performance and spending history of existing renewal projects.

Finally, the recommended project funding and priority listing is presented by the Review Committee to the CoC for review and discussion. A single priority listing of projects is then developed for submission to HUD through the Collaborative Application. The priority listing, if applicable, indicates to HUD the renewal grants which have been eliminated or reduced in funding, so as to create one or more new projects through the reallocation process.

The Notice for Letters of Intent, Notice of Project Process Competition, New Project Application Scorecard and Renewal Project Application Scorecard are posted annually by the Collaborative Applicant at <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx> and distributed directly to each prospective applicant that is approved to continue in the application process.

*During each application period, HUD specifies types of eligible new projects for which reallocated or bonus funds may be used. For FY 2017, the following project types may utilize reallocated funds:

- (a) new permanent supportive housing projects where all beds will be dedicated (or dedicatedPLUS) for use by chronically homeless individuals and families; (b)

Charlotte-Mecklenburg CoC
Reallocation Process

new rapid rehousing projects for homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, persons fleeing domestic violence situations, or receiving services from VA-funded homeless assistance program; (c) new joint transitional housing and rapid rehousing projects to serve homeless individuals and families, including those fleeing or attempting to flee domestic violence; (d) new Supportive Services Only (SSO) projects specifically for a centralized or coordinated assessment system; and (e) new dedicated Homeless Management Information System (HMIS) projects.

Charlotte-Mecklenburg Continuum of Care
2017 New & Renewal Projects
Request for Letter of Interest for Continuum of Care Program

Due Monday, July 31, 2017

The Charlotte- Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for agencies to submit a Letter of Interest (LOI) for funding for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

The Notice of Funding Availability (NOFA) for the FY 2017 Continuum of Care (CoC) Program can be viewed at <https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>

Agencies considering submitting a letter of interest must clearly demonstrate their ability to successfully meet CoC program outcomes in one or more of the activity areas as outlined in the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule (24 CFR Part 578 [Docket No. FR-5476-I-01]).

INTRODUCTION

Eligible Activities:

- ***COC Renewal Projects (PSH, RRH, HMIS, or Coordinated Entry)***
- ***New Permanent Supportive Housing Projects (PSH)***
- ***New Rapid ReHousing Projects (RRH)***
- ***New Joint Transitional Housing and Rapid ReHousing Projects (TH-RRH)***

Note: Project must be ready to proceed in calendar year 2018.

COC PROJECTS ARE DESIGNED TO:

- Promote community-wide commitment to the goal of ending homelessness.
- Provide funding for efforts by nonprofit providers and State and local governments to quickly house or rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness.
- Promote access to and utilization of mainstream benefits by homeless individuals.
- Provide supportive services that are voluntary, flexible and consumer-driven.

Funding for these projects is provided through the HUD CoC Homeless Assistance Grant Programs (under the HEARTH Act). Submission of a Letter of Interest does not constitute an application nor does it constitute approval for funding by the CoC or by HUD.

The CoC anticipates that HUD will allow Charlotte-Mecklenburg to apply for approximately **\$3,500,000.00** in this competition.

WHO CAN SUBMIT A LETTER OF INTEREST

Applicants that:

- Serve persons residing in Mecklenburg County
- Is prepared to utilize or already utilizing the Homeless Management Information System to record client level data.

PROCESS

Step 1: Interested agencies must submit LOI form and certification by **July 31, 2017**.

Step 2: LOIs will be reviewed and evaluated in response to this announcement. Upon approval, applicants will be notified if they were or were not recommended to submit a full application for funding consideration.

Step 3: Applicants recommended will receive an invitation to submit a full project application and asked to submit via e-snaps.

Applicants that are not recommended will be provided a written explanation for the reason(s) for not being recommended and will be offered support and technical assistance to improve deficiencies identified during the letter of interest process. Applicants have the right to appeal funding recommendation decisions by submitting a formal written letter within two weeks of being notified.

SUBMISSION INSTRUCTIONS

All LOIs must be received electronically no later than **5:00 Monday, July 31, 2017** to rpfeiffer@charlottenc.gov. LOIs submitted after the deadline will not be reviewed or considered.

CONTACT INFORMATION

Questions may be directed to Rebecca Pfeiffer, CoC Coordinator at rpfeiffer@charlottenc.gov or by phone at 704.336.2266.

LETTER OF INTEREST FORM

Please complete the following information:

Agency:

Contact Name:

Contact information (phone & email):

Renewal Projects (currently receiving CoC funds)

Project Type (circle): PSH, RRH, HMIS, Coordinated Entry

Project Name:

Amount to be requested (this must be same as on Grant Inventory Worksheet):

Utilize Housing First approach? ____yes ____no

New Projects

Project Type (circle): PSH, RRH, TH-RRH, HMIS, Coordinated Entry

Project Name:

Target Population:

Project Description:

Amount to be requested:

Utilize Housing First approach? ____yes ____no

Will this project be to expand a current CoC funded project: ____ yes ____no

If yes, which renewal project:

CERTIFICATION LIST

Please initial all boxes to indicate organizational capacity.

☐ Agency can demonstrate that the project will provide a 25% match of the total budget amount (minus leasing dollars).

☐ Agency can demonstrate that the project would be ready to begin in the year 2018.

☐ Agency has registered or is prepared to register with the System for Awards Management to obtain a DUNS number.

☐ Agency has obtained or is prepared to obtain an E-snaps profile and is willing to submit HUD CoC applications through the required online portal.

☐ Agency has experience in providing housing and/or services to individuals or families experiencing homelessness.

☐ Agency is prepared to participate in Coordinated Entry.

☐ Agency is prepared to utilize Homeless Management Information System to capture client-level data on all clients in the program.

☐ Agency is prepared to prioritize eligible households based on the CoC's identified prioritization process.

Pfeiffer, Rebecca

From: Morton, Courtney <Courtney.Morton@mecklenburgcountync.gov>
Sent: Monday, July 24, 2017 4:30 PM
Subject: FW: The FY 2017 CoC Program Competition is Now Open
Attachments: Charlotte-Mecklenburg CoC Request for Letter of Interest July 2017.docx

HSN,

Please see the information below and attachment from Rebecca Pfeiffer with the City of the Charlotte regarding the Continuum of Care application.

Thanks,

Courtney Morton, MSW, LCSW
MANAGEMENT ANALYST
HOUSING & HOMELESSNESS RESEARCH COORDINATOR

This message and any attachments included are from the Mecklenburg County Community Support Services and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

From: Pfeiffer, Rebecca [mailto:rpfeiffer@ci.charlotte.nc.us]
Sent: Monday, July 24, 2017 4:27 PM
To: Morton, Courtney <Courtney.Morton@mecklenburgcountync.gov>
Subject: FW: The FY 2017 CoC Program Competition is Now Open

Courtney, please forward to HSN. Thank you.

Good Afternoon,

As noted below, the Continuum of Care Program application is now available. As the first step in the local process, agencies have the opportunity to submit a Letter of Interest for funding (information attached). Please note the deadline to submit is Monday, July 31, 2017.

Please contact me if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Monday, July 24, 2017 4:26 PM
To: Pfeiffer, Rebecca
Cc: Brian.Middleton@carolinashealthcare.org; Gaertner, Mary
Subject: FW: The FY 2017 CoC Program Competition is Now Open
Attachments: Charlotte-Mecklenburg CoC Request for Letter of Interest July 2017.docx

Good Afternoon,

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Please contact me if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]
Sent: Friday, July 14, 2017 12:38 PM
To: Pfeiffer, Rebecca
Subject: The FY 2017 CoC Program Competition is Now Open

Is this email not displaying correctly? [View it in your browser.](#)



HUD EXCHANGE

*Resources and assistance to
support HUD's community
partners*

Pfeiffer, Rebecca

From: Pfeiffer, Rebecca
Sent: Wednesday, July 26, 2017 2:48 PM
To: Pfeiffer, Rebecca
Cc: Gaertner, Mary; Brian.Middleton@carolinashealthcare.org
Subject: CoC application process website information

FYI-

Throughout our local Continuum of Care Application process, as information is released via email it will also be posted on the City of Charlotte website, <http://charlottenc.gov/HNS/Housing/HAB/Pages/Reports.aspx>.

Rebecca

From: Pfeiffer, Rebecca
Sent: Monday, July 24, 2017 4:26 PM
To: Pfeiffer, Rebecca
Cc: Brian.Middleton@carolinashealthcare.org; Gaertner, Mary A.
Subject: FW: The FY 2017 CoC Program Competition is Now Open

Good Afternoon,

As noted below, the Continuum of Care Program application is now available. As the first step in the local process, agencies have the opportunity to submit a Letter of Interest for funding (information attached). Please note the deadline to submit is Monday, July 31, 2017.

Please contact me if you have any questions,

Rebecca Pfeiffer, MSW
CHARLOTTE MECKLENBURG CONTINUUM OF CARE

HOUSING & NEIGHBORHOOD SERVICES

City of Charlotte
600 E. Trade St. Charlotte, NC 28202
PHONE: 704.336.2266
MOBILE: 704.622.4708
FAX: 704.632.8500
rpfeiffer@charlottenc.gov



From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]
Sent: Friday, July 14, 2017 12:38 PM
To: Pfeiffer, Rebecca
Subject: The FY 2017 CoC Program Competition is Now Open

HOUSING & NEIGHBORHOOD SERVICES

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information

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Request for Letter of Interest for Continuum of Care Program

Charlotte-Mecklenburg Continuum of Care

2017 New & Renewal Projects

Due Monday, July 31, 2017

The Charlotte- Mecklenburg Continuum of Care is charged by the US Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds.

This announcement serves as the opportunity for agencies to submit a Letter of Interest (LOI) for funding for new and/or renewal projects as part of the HUD Continuum of Care (CoC) Homeless Assistance Grants Competition.

Please see the attached [Request for Letter of Interest](#) for complete information including required documents and due date.

3 Appointed by Mayor
8 Appointed by City Council
5 Appointed by County Commission
3 Ex-Officio

HOUSING ADVISORY BOARD OF CHARLOTTE MECKLENBURG
FORMERLY THE CHARLOTTE MECKLENBURG COALITION FOR HOUSING
(16 Members)

Membership – The Community based board to implement the Ten-Year Plan to End and Prevent Homelessness was approved by City Council at their May 24, 2010 meeting.

Initial terms shall be staggered and subsequent terms will be for three years. Members will serve no more than two consecutive full terms with initial terms counting as a full term.

Mayor shall appoint the first Chair who shall serve as Chair for three years. Appointment of Chair shall rotate between City, County and Foundation For The Carolinas.

The City Council (on July 28, 2014) and the Mecklenburg County Board of Commissioners (on August 5, 2014) approved the expansion of the Coalition and amended the responsibilities to include serving as the Governing Board for the Charlotte-Mecklenburg Continuum of Care to be in compliance with the HEARTH Act of 2009.

Mayor shall appoint representatives of non-profit, corporate/economic development and faith-based groups. City Council shall appoint representatives of the general community, affordable housing, donors, financial, real estate, legal, hospitals and a homeless or formally homeless individual. County Commissioners shall appoint representatives of public safety, education, human services, veterans and school districts. Ex-officio members shall be the Neighborhood and Business Services Director (City), Community Support Services Director (County) and Charlotte Housing Authority CEO.

Responsibilities – Principle functions of the Board are to ensure implementation of the Ten Year Plan which is mandated by HUD and to serve as the governing board for the Charlotte Mecklenburg Continuum of Care . Goals of the 10-Year Plan include facilitating safe and permanent housing for homeless families and individuals; encouraging intensive outreach and engagement; and promoting housing stability for those most at-risk of becoming homeless. Goals of the Continuum of Care include promoting community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; oversee and improve HMIS data collection and performance measurement; and optimize self-sufficiency among individuals and families experiencing homelessness.

Appointed by Mayor
Geographic Representation
Faith Community
Non Profit
Corporate/Economic Development
Appointed by City Council
Geographic Representation
Affordable Housing
Finance
Real Estate
Donor/Philanthropic
Community
Legal
Hospitals
Formerly Homeless/Homeless
Appointed by County Commissioners
Geographic Representation
Public Safety
Human Services
Education
School District
Veterans Organizations
Ex-Officio Members
City – Neighborhood and Business Services
County – Community Support Services
Charlotte Housing Authority

2016 NC HMIS Operating Policies and Procedures

rev. 2016.12.08



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2016 North Carolina Statewide Homeless Management Information System (NC HMIS) Operating Policies and Procedures

The purpose of an HMIS project is to:

- Record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services
- Produce an unduplicated count of persons experiencing homelessness for each Continuum of Care
- Understand the extent and nature of homelessness locally, regionally and nationally
- Understand patterns of service usage and measure the effectiveness of projects and systems of care

These are the minimum standards of operation for the NC HMIS Project. CoCs may elect to implement more rigorous standards as agreed upon by their local CoC. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating agencies in North Carolina. (Contributing HMIS Organizations – CHOs).**

KEY TERMS AND ACRONYMS:

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	HMIS	A data system that meets HUD's HMIS requirements and is used to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as for other public streams of funding related to homelessness.
North Carolina Statewide Homeless Management Information System	NC HMIS	The North Carolina Statewide Homeless Management Information System is the unified statewide HMIS for all of North Carolina's 12 Continuum of Care.
Continuum of Care	CoC	Planning body charged with guiding the local response to homelessness.
Independent Jurisdiction CoCs	IJs	CoCs that are recognized by HUD and are usually organized around higher population counties.
Balance of State CoC	BOS	The Balance of State CoC is composed of the communities/counties within North Carolina that are not part of another CoC within the state. Communities that are part of the Balance of State are typically smaller mid-sized or rural communities.
Michigan Coalition Against Homelessness	MCAH	The Michigan Coalition Against Homelessness is a nonprofit membership organization that is an advocate for individuals and families who are homeless or at-risk of becoming homeless, and the agencies that serve them. MCAH serves as the HMIS statewide lead for the NC HMIS project.
North Carolina HMIS Governance Committee	GC	The NC Governance Committee is composed of representatives from all 12 North Carolina CoCs and provides direct oversight of the Statewide HMIS project.
MCAH Memorandum of Understanding	MOU	The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.

Contributing HMIS Organizations	CHO	An organization that participates on the HMIS.
The Health Insurance Portability and Accountability Act of 1996	HIPAA	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the base operational privacy rule on which the NC HMIS privacy rule is structured.
42 CFR Part 2	Part 2	42 CFR Part 2 is the federal regulation governing the confidentiality of drug and alcohol use treatment and prevention records. The regulations are applicable to certain federally assisted substance use treatment programs. This law limits use and disclosure of substance use patient records and identifying information.
Participation Agreement		The agreement between NC HMIS participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Data Use Agreement/Administrative Qualified Services Organization Business Associates Agreement	Data Use Agreement /Admin QSOBAA	The agreement signed by each CHO, the local HMIS Lead Agency and MCAH that governs the privacy standards for participants that can see data from multiple organizations.
Sharing Qualified Services Organization Business Associates Agreement	Sharing QSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Release of Information	ROI	A Release of Information comes in two forms, a paper ROI and an electronic ROI. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies. An electronic ROI must be completed to share a client's data on the HMIS.
Sharing		Sharing refers to the exchange of client data between agencies. External data sharing requires a Sharing QSOBAA between two or more agencies, and a client signed Release of Information authorizing the sharing of that client's information. Data entry (internal sharing) does not require a client signed ROI as there is implied consent for the agency to keep records when a client provides information.
Protected Personal Information	PPI	Protected Personal Information is a category of sensitive information that is associated with an individual. It should be accessed only on a strict need-to-know basis and handled and stored with care. Before any portion of the HMIS client record, outside of the Client Profile, can be shared, a Sharing QSOBAA and a client signed release of information must be in place.
Visibility		Refers to whether or not a provider page can view client data that has been entered into another provider page. HMIS system visibility is configured separately in each provider page. Visibility can be configured by individual provider pages or by Visibility Groups.
Visibility Group		A Visibility Group is a defined group of Provider Pages between which data is shared. Internal Visibility Groups control internal sharing within an organization. Internal Visibility is governed by an agency's internal privacy rule. External Visibility Groups control sharing with other agencies and are defined by a Sharing QSOBAA.
Coverage Rate		Coverage rate refers to the percentage of the homeless population in a geographic area that is measured on the HMIS, divided by the total number of homeless persons in that geographic area. Coverage estimates are used to project a total homeless count if there are homeless service providers in a

		jurisdiction that do not participate in NC HMIS. (These may include persons served in Domestic Violence Providers or other non-participating Shelters or Outreach Projects.) See the NC HMIS Coverage Memo for guidance.
Project Types		<p>HUD defines 12 Project Types in HMIS:</p> <ul style="list-style-type: none"> • Coordinated Assessment – A CoC project that coordinates assessment and referrals of persons seeking housing and/or services, and may include the use of a comprehensive and standardized assessment tool. • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years that provide supportive services. • PH: PSH Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this project. • PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • RR: Rapid Rehousing- A project that rapidly rehouses those who are identified at Literally Homeless. • HP: Homeless Prevention- A project that helps those who are at imminent risk of losing housing, to retain their housing. • SO: Street Outreach Project- A project that serves homeless persons who are living on the street or other places not meant for habitation. • SSO: Services Only Project- A project that serves persons only with no residential component. These projects often provide case management and other forms of support and meet with clients in an office, at the client’s home, or in a shelter. • Safe Haven: A project that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	LOS	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. NC HMIS offers calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	PIT	An annual count, that is required for all CoCs. It is usually performed during the last week in January. Every other year, the PIT Count must include an “unsheltered” or street count.
Housing Inventory Chart	HIC	The HIC Chart is where all residential projects (both HMIS participating and non-participating) specify the number of beds and units available to homeless persons within a jurisdiction. The numbers are recorded in the agency’s HMIS provider pages, (for NC HMIS participating projects), or in “shell” provider pages for non-HMIS participating agencies.
Homeless Definition		<p>See Homeless Definition Crosswalk.</p> <p>The HEARTH Act defines 4 categories of homelessness. NC HMIS has adopted the HUD definition for counting persons experiencing homelessness.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statutes • Category 4: Fleeing/Attempting to Flee DV <p>Not all projects can serve all categories and some may utilize a different</p>

		definition when delivering services.
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Shelter Plus Care	S+C	Shelter + Care provides Permanent Supportive Housing to disabled persons and reports on the HMIS.
Housing Opportunities for Persons with AIDS	HOPWA	HOPWA provides housing assistance and related supportive services for persons with HIV/AIDS, and family members who are homeless or at risk of homelessness. This project has different project reporting requirements than the other HUD funded projects in this document.
Coordinated Assessment Programs	CA	Coordinated assessment is now required for all communities receiving HUD funding. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to ensure that access to homeless resources is optimized and based on a standardized assessment of need.

I. POLICIES AND PROCEDURES SUMMARY:

A. Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on the NC HMIS project and represent general “best practice” operational procedures. Local HMIS Lead Agencies in coordination with their CoCs may add additional standards to this base document, which define the local HMIS policies within their jurisdiction.

Operational standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA and VA providers have operating rules specific to HHS and VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of an annual review. Draft updates will be reviewed at the NC HMIS monthly System Administrator Call-In and included in the meeting minutes’ distribution email. Before being finalized, the NC HMIS Policies and Procedures will be formally approved by the North Carolina HMIS Governance Committee. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in any previously published Policies and Procedures document or agreements. Any changes from the previous year will be highlighted. A current copy of the NC HMIS Policies and Procedures may also be found on the NC HMIS website www.nchmis.org

II. AGREEMENTS, CERTIFICATIONS, LICENSES AND DISCLAIMERS:

CoCs, agencies and users are required to uphold specific rules and responsibilities as participants in the NC HMIS project.

A. Required Agency Agreements, Certifications and Policies

Participating CHOs or other partners on the NC HMIS project must have the following contracts, agreements, policies and procedures available for review:

1. All CoCs participating on the NC HMIS must sign the **MCAH Memorandum of Understanding** that designates the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Lead Agency for administration of the statewide database. (Within national HMIS circles, this document is often called a Joint Governance Charter.) Each jurisdiction will identify a local Lead Agency that coordinates with the Statewide Agency and is responsible for specific tasks. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.
2. All agencies must have the following fully executed documents on file and be in compliance with the policies and directives contained therein:
 - a. A **Data Use Agreement/Administrative QSOBAA** governing administrative access to the system.
 - b. A **Participation Agreement** governing the basic operating principles of the system and rules of membership.
 - c. **Sharing QSOBAA's** (if applicable) governing the nature of the sharing and the re-release of data.
 - d. A board certified **Confidentiality Policy** governing the privacy and security standards for the Agency.
 - e. A board certified **Grievance Policy** outlining a structured process for resolving complaints or grievances against, or within, the organization.

B. HMIS User Requirements:

All agencies must have the following documents on file for all active users licensed in the NC HMIS project.

1. A fully executed **User Agreement and Code of Ethics** document governing the individual's participation in the system.
2. All agencies must keep training certificates for active users on file.
 - a. All users are required to take full privacy training when they are first licensed, and take privacy update suite of trainings at least annually. Successful completion of the certification questionnaire is required for both the full privacy training and the privacy update. Documentation of completion of these trainings must be available for review.
 - b. All users will complete workflow training, related workflow updates and have documentation of the training completion for all programs with which they work. If local CoCs or Agency Administrators have additional training requirements or offerings, they

should have a method for documenting successful completion and have that documentation available at their local agencies for review as needed.

- c. All users are trained in the HUD Data Standards Universal Data Elements and any Program Specific Elements that apply to the programs with which they work. This includes training on both the process for collecting client identifying information, the Homeless Definition and the Chronic Homeless Definition.

C. Agency Administrator Requirements

All agencies participating on the system must have an assigned Agency Administrator.

1. Agency Administrator Training Requirements - Agency Administrators must complete and maintain documentation of the following:
 - a. All trainings required for standard HMIS users on the system.
 - b. Provider Page training.
 - c. Workflow Training for all workflows used in their agency. This training will be developed by the NC HMIS Project, the funding agency or an agency authorized to train on behalf of the funding agency or NC HMIS.
 - d. Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcome and other performance issues).
 - e. Other training as specified by the CoC.
2. Agency Administrator Participation Requirements – Agency Administrators should participate in the following CoC or agency meetings:
 - a. CoC HMIS Agency Administrator meetings and trainings.
 - b. Agency specific HMIS user meetings or preside over an HMIS specific topic during routine staff meetings.
 - c. A local Reports Committee that reviews and governs the publication of CoC information.

III. PRIVACY:

A. Privacy Statement

NC HMIS is committed to making the project safe for participating agencies and the clients whose information is recorded on the system.

Toward that end:

- Sharing is a planned activity guided by sharing agreements between agencies (Sharing QSOBAAs). Agencies may elect to keep private some or all of the client record including all identifying data.
- All organizations will screen for safety issues related to the use of automation.
- NC HMIS has systematized the risk assessment related to clients through the standard NC HMIS release. The standardized release offers options for the use of a client's Social Security number. It also provides guidance on using unnamed records and how the Privacy Notice is explained to clients.

- NC HMIS has adopted a Privacy Notice (with minor modifications) that was developed in close collaboration with providers that manage information that may put a client at risk.
- The NC HMIS system is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of providers may participate in the project.
- Privacy Training is a requirement for all agencies and users on the NC HMIS system.
- Privacy training is an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all of their staff complete the NC HMIS training curricula – not just those with user access to the system.
- All users issued access to the system must sign a User Agreement & Code of Ethics form, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines their sharing and prevents re-release of information to unauthorized third parties (the Sharing QSOBAA).
- Policies have been developed that protect not only a client's privacy, but also an agency's privacy. Privacy practice principles around the use and publication of agency or CoC specific data have been developed and included in both the Participation Agreement and this HMIS Policies and Procedures document.
- The NC HMIS System allows projects with multiple components/locations that serve the same client to operate on a single case plan. This reduces the amount of staff and client time spent in documentation of activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.
- NC HMIS has incorporated continuous quality improvement training designed to help agency administrators use the information collected in the HMIS to stabilize and improve project processes, measure outcomes, report to funders, and be more competitive in funding requests.

B. Privacy and Security Plan:

All records entered into and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

1. All Agency Administrators with support of agency leadership must¹:
 - a. Ensure that all staff using the system complete annual privacy update training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training curricula.
 - b. Conduct a quarterly review of their provider page visibility, ensuring that it properly reflects any signed Sharing QSOBAAs.
 - c. Modify their adapted Release of Information, and script used to explain privacy to all clients, for any privacy changes made. These documents should also be audited quarterly to ensure they are compliant with current sharing agreements.

¹ In lieu of revised Technical Standards, in 2015 the requirement for a privacy officer was removed. However, the function of data security has been assigned to the Agency Administrator. Reflecting Participation Agreement language, the quarterly review of Provider Visibility has been expressly added to this document.

- d. Ensure user accounts are removed from the HMIS when a staff member leaves the organization, or when changes to a staff member's job responsibilities eliminate their need to access the system.
 - e. Report any security or privacy incidents to the CoC's HMIS Local System Administrator. The System Administrator must investigate the incident and run the applicable audit reports. If the System Administrator determines that a breach has occurred and/or the staff member involved violated privacy or security guidelines, the System Administrator must report the issue immediately to the NC HMIS Project Director and CoC Chair. The Local System Administrator must provide a written description of the breach and a summary of his or her findings to the NC HMIS Project Director and CoC Chair. A Corrective Action Plan will be implemented by the agency and the CoC. Components of the plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.
2. Criminal background checks must be completed on all Local System Administrators by the Local Lead Agency. All agencies should be aware of the risks associated with any person given access to the system and limit access as necessary. System access levels should be used to support this activity.
 3. The Local HMIS Lead Agency will conduct routine audits of participating agencies to ensure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Local HMIS Lead Agency will document the inspection and any recommendations made, as well as schedule follow-up activities to identify any changes made to document compliance with the Operating Policies and Procedures.

Privacy:

1. Any agency that is subject to the Violence Against Women Act restrictions on entering data into an HMIS are not permitted to participate in the NC HMIS project. These providers will maintain a comparable database to respond to grant contracts and reporting requirements.
2. All agencies are required to have the **HUD Public Notice** posted and visible to clients in locations where information is collected.
3. All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS language into their existing notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a. The purpose for collection of client information.
 - b. A brief description of policies and procedures governing privacy including protections for vulnerable populations.
 - c. Data collection, use and purpose limitations. The uses of data must include de-identified data.
 - d. The client right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy from the record. The agency may say "no" to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.²
 - e. The client complaint procedure.

² Language was added to clarify the HIPAA rule.

- f. Notice to the consumer that the Privacy Notice may be updated over time and applies to all client information held by the Agency.
4. All Notices must be posted on the Agency's website.
5. All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by the NC HMIS project. All Privacy Policies must include:
 - a. Procedures defined in the Agency's Privacy Notice.
 - b. Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protections include at minimum:
 - i. Closing of the profile search screen so that only the serving agency may see the record.
 - ii. The right to refuse sharing if the agency has established an external sharing plan.
 - iii. The right to be entered as an unnamed record, where identifying information is not recorded in the system and the record is located through a randomly generated number (Note: This interface does allow for unduplication by looking at key demographic identifiers in the system.)
 - iv. The right to have a record marked as inactive.
 - v. The right to remove their client record from the system.
 - c. Security of hard copy files: Agencies may create a paper record by printing the assessment screens located within NC HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
 - d. Client Information storage and disposal: Users may not store information from the system on personal portable storage devices. The Agency will retain the client record for a period of seven years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
 - e. Remote Access and Usage: The Agency must establish a policy that governs use of the system when access is approved from remote locations. The policy must address:
 - i. The strict control of the use of portable storage devices with client identifying information.
 - ii. The environments where use is approved. These environments cannot be open to public access and all paper and/or electronic records that include client identified information must be secured in locked spaces or be password controlled.
 - iii. All browsers used to connect to the system must be secure. If accessing through a wireless network, that network must be encrypted and secured. **No user is allowed to access the database from a public or non-secured private network such as an airport, hotel, library or internet café.**
 - iv. Access via a cellular network using 4G LTE or similar access is permitted if the connection is protected and encrypted. This permits users to access NC HMIS from cell phones, tablet devices or personal hotspots. If broadcasting a hotspot signal, the device must have a passcode or other security measures to restrict general access.
 - v. All computers accessing the system are owned by the agency.
6. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
 - a. Client files must be locked in a drawer/file cabinet.

- b. Offices that contain files must be locked when not occupied.
- c. Files cannot be left visible to unauthorized individuals.
- 7. The agency must provide a **Privacy Script** to all staff charged with explaining privacy rights to clients in order to standardize the privacy presentation. The script must:
 - a. Be developed with agency leadership to reflect the agency's sharing agreements and the level of risk associated with the type of data the agency collects and shares.
 - b. The script should be appropriate to the general education/literacy level of the agency's clients.
 - c. A copy of the script should be available to clients as they complete the intake interview.
 - d. All agency staff responsible for client interaction must be trained in use of the Privacy Script.
- 8. Agencies that plan to share information through the system must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
 - a. The Sharing QSOBAA prescribes the re-release of information shared under the terms of the agreement.
 - b. The Sharing QSOBAA specifies what is shared with whom.
 - c. Agencies may share different portions of a client record with different partners, and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
 - d. The signatories on the Sharing QSOBAA must be representatives who have been authorized to sign such an agreement by the senior agency's leadership and/or the Agency Board of Directors.
 - e. All members of a Sharing QSOBAA must be informed that by sharing, they are creating a common electronic record that can impact data reflected in their reports. Members of the sharing group must agree to communicate and negotiate data conflicts.
 - f. No agency may be added to the agreement without the approval of all other participating agencies.
 - i. Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
 - ii. Agency approval of additions or changes to a Sharing QSOBAA must be approved by a staff member with authorization to make such decisions on behalf of their agency.
 - g. When a new member is added to the Sharing QSOBAA, the related Visibility Group must be end-dated and a new Visibility Group must be begun. **A new member may not be added to an existing External Visibility Group.**
- 9. Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
 - a. The agency must have adopted the appropriate NC HMIS Basic Release of Information that is applicable to their sharing practice in order to share basic demographic and transactional information.³
 - b. If the agency integrates the NC HMIS Release into their existing releases, the release must include the following components:
 - i. A brief description of NC HMIS including a summary of the HUD Public Notice.

³ Beyond light touch projects that do not collect or share protected data elements, all projects are encouraged to engage their CoC to discuss and implement the 2016 Reciprocal Release of Confidential Information. This release includes a privacy discussion and can be completed one time to include all sharing partners for the specified time limit and purpose.

- ii. A specific description of the Client Profile Search Screen and an opportunity for the client to request that the screen be closed.
 - iii. A listing of the Agency's sharing partners (if any) and a description of what is shared. These sections must reflect items negotiated in the agency's Sharing QSOBAA.
 - iv. A defined term of the Agreement⁴.
 - v. Interagency sharing must be accompanied by a negotiated and executed Sharing QSOBAA.
 - vi. If an agency is subject to stricter privacy laws (ex. 42 CFR Part 2), that only permit external sharing between a subset of their provider pages, all provider pages within that agency that will be sharing must be listed on any Sharing QSOBAAs to which the agency is a party.
 - vii. For agencies subject to 42 CFR Part 2, both internal and external sharing will done in with the law.
- c. A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
- i. Case notes/progress notes
 - ii. Information or referral for health, mental health, HIV/AIDS, substance use disorders, or domestic violence.
 - iii. To streamline paper, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items above in ii.⁵

10. An **electronic ROI** is required to enable sharing of any particular client's information between any provider pages on the system.
- a. Agencies should establish **Internal Sharing** or sharing only between their agency's provider pages, by creating visibility group(s) that include all of the agency's provider pages where sharing is planned and allowed by law.
 - i. Internal Sharing does not require a signed Client Release of Information unless otherwise specified by law. (However, an electronic release must still be entered into the system to permit Internal Sharing.)
 - ii. Unless otherwise specified by law, when new provider pages are added to the Agency tree, they may be included in the existing internal visibility group. The information available to that provider page will include all information covered by the visibility group from the beginning date of the Group – sharing will be retroactive.
 - b. Agencies may elect to share information with other agencies, a practice known as **External Sharing**, by negotiating a Sharing QSOBAA (see 8 above).
 - i. A signed and dated Client Release of Information must be stored in the Client Record (paper or scanned onto the system) for all electronic ROIs that release data between different agencies.

⁴ The change reflects changes in the HIPAA rule that allow for Releases the cover a term – rather than a specific date. The date in the electronic ROI will reflect the specific date defined by the term. The term should not be arbitrary but reflect the anticipated term of the agencies planned coordinating activities.

⁵ Recognizes existing practice by participating CoCs.

- ii. Retroactive Sharing, or sharing historic information between two or more agencies without client consent is not permitted on the system. To prevent retroactive sharing, a new visibility group must be constructed whenever a new sharing partner is added to the agency's existing sharing plan/Sharing QSOBAA.
 - c. MCAH has defined a procedure for pulling a client's housing history across the entire database to verify a client's eligibility for specific housing options. This procedure requires that:
 - i. Consent for obtaining the client's housing history is written into the Outreach Sharing Plan section of the agency's Release of Information, and that the client has agreed to permit this activity by initialing this section.
 - ii. An electronic copy of the signed Release of Information including the client authorization to release the housing history has been attached to the client record on the system.
11. The Agency must have a procedure to provide privacy notices to clients that are visually or hearing impaired or do not speak English as a primary language. For example:
- a. Provisions for Braille or audio
 - b. Available in multiple languages
 - c. Available in large print
12. **Agencies are required to maintain a culture that supports privacy.**
- a. Staff must not discuss client information in the presence of others without a need to know.
 - b. Staff must eliminate unique client identifiers before releasing data to the public.
 - c. The Agency must configure workspaces for intake that supports the privacy of client interaction and data entry.
 - d. User accounts and passwords cannot be shared between users, or visible for others to see.
 - e. Project staff must be educated to not save reports with client identifying data on portable media. Agencies must be able to provide evidence of this training through written training procedures or meeting minutes.
 - f. Staff must be trained regarding use of email communication, texting, file sharing and other electronic means of transferring data related to client services.
 - i. By-name housing lists may not be printed with client identifying information without obtaining written client consent.

Data Security:

- 1. All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know".
- 2. All computers must have **network threat protection software with automatic updates.**
 - a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure that:
 - i. The threat protection software is up-to-date.
 - ii. That various system updates are automatic, unless a specific, documented reason exists to maintain an older version of the software.
 - iii. Operating System updates are run regularly.
- 3. All computers must be protected by a firewall.

- a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure that:
 - i. For single computers, the software and versions are current.
 - ii. For networked computers, the firewall firmware is current.
- 4. Physical access to computers that connect to the HMIS must be controlled.
 - a. All workstations must be in secured locations (locked offices).
 - b. Workstations must be logged off when not manned.
 - c. All workstations must be password protected.
 - d. **All HMIS Users are prohibited from using a computer that is available to the public.**
- 5. A **Plan for Remote Access** must exist if staff will be using the NC HMIS System outside of the office such as working from home. Concerns addressed in this plan should include the privacy surrounding off-site access.
 - a. The computer and environment of entry must meet all the standards defined above.
 - b. Downloads from the computer may not include client identifying information.
 - c. Staff must use an agency-owned computer.

Remember that your information security is never better than the trustworthiness of the staff you license to use the system. The data at risk is your own and that of your sharing partners. If an accidental or purposeful breach occurs, you are required to notify MCAH. A system audit of which users have touched a client record can be completed by a System Administrator.

IV. DATA BACKUP AND DISASTER RECOVERY PLAN:

The HMIS is a critically important tool in responding to catastrophic events. The NC HMIS data is housed in a secure server bank in Shreveport, Louisiana with nightly off-site backup. In case of a significant system failure at the main data center, NC HMIS can be brought back online within approximately four hours.⁶

A. Backup Details for NC HMIS

See “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan

- 1. The NC HMIS Project maintains the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
 - a. Off site, out-of-state backup on a different Internet provider, and a separate electrical grid.
 - b. Regular backups of the application server and regular alignment with the current version of the live NC HMIS site.
 - c. Near-instantaneous backups of the NC HMIS database (information is backed up within 5 minutes of entry.)
 - d. Additional nightly off site replication for protection in case of a primary data center failure.

⁶ MCAH will update the disaster plan from time to time based on best practice recommendations, lessons learned from actual disasters, and other conditions that may change on the ground.

- e. Priority level response that ensures downtime will not exceed 4 hours.

B. NC HMIS Project Disaster Recovery Plan:

In the event of a major system failure:

1. The NC HMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at Bowman Systems which affects the functionality and availability of ServicePoint. When appropriate, MCAH will notify Local System Administrators/CoC Leadership of the planned recovery activities and related time lines.
2. Local/assigned System Administrators are responsible for notifying their local agencies and users.
 - a. If a failure occurs after normal business hours, NC HMIS staff will report the system failure to Bowman Systems using their emergency contact line. An email will also be sent to local System Administrators no later than one hour following identification of the failure.
3. The NC HMIS Project Director or designated staff will notify Bowman Systems if additional database services are required.

C. Local HMIS Lead Agencies:

Local HMIS Lead Agencies within CoCs have an obligation to secure and backup key information necessary for the administration and functioning of the NC HMIS Project within their own jurisdiction.

1. NC HMIS Lead Agencies are required to back-up their internal data system nightly.
2. Data back-ups must include a solution for maintaining at least one copy of key internal data off-site for participating agency internal data systems. This location must be secure with controlled access.
3. Local HMIS Lead Agencies must have a disaster recovery plan documented which outlines the policies and procedures for the CoC in case of a major system disaster.
 - a. **Agency Emergency Protocols must include:**
 - i. Emergency contact information including the names/organizations and numbers of local responders and key internal organization staff, designated representatives of the CoCs, the local HMIS Lead Agency, and the NC HMIS Project Director.
 - ii. Delegation of key responsibilities. The plan should outline which persons will be responsible for notification and the timeline of notification.
4. In the event of a local disaster:
 - a. NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
5. NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

V. SYSTEM ADMINISTRATION:

The position of the Local System Administrator/System Administrator I is key to the success of the CoC. This individual is responsible for overseeing the operation of the NC HMIS project in either a local CoC or a local Planning Body/Jurisdiction. This position will be referred to in this section as a Local System Administrator. The following describes the typical list of responsibilities for a Local System Administrator within a local CoC.

A. Training Requirements for a Local System Administrator:

1. All trainings required for standard users on the system.
2. Provider Page Training and Workflow Training for all workflows used in their CoC.
3. Reports Training (Local System Administrators are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
4. System Administrator Training – This training usually takes place several weeks after a new Local System Administrator has been in their position.
5. Continuous Quality Improvement Training
6. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
7. HUD Initiative Training (AHAR, PIT, APR, etc.)

B. Meetings Local System Administrators Are Required to Participate In:

1. Regular CoC Meetings and/or workgroups as determined by the CoC.
2. The CoC Reports Committee or meetings where data use and release is discussed.
3. The Monthly System Administrator Call-In (2nd Tuesday of every Month at 10 am).
4. Regular Agency Administrator/User Meetings within the CoC

C. Local System Administrator Responsibilities:

1. **Help Desk and Local Technical Support**
 - a. The Local System Administrator provides front-line technical support/technical assistance for users and agencies within the CoCs they support. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within their CoCs. Where applicable, the Local System Administrator may train Agency Administrators to do fundamental system support activities, minimizing the burden for support on the Local System Administrator.
 - b. The Local System Administrator builds relationships within the agencies they serve, working to understand the business practices of these agencies, and assisting them with mapping these business practices onto the system. The HMIS lead staff will be available, on request, to provide advanced technical support if requested by the Local System Administrator/Local CoC.
2. **User and Provider Page Setup**
 - a. Local System Administrators will set up new users in NC HMIS, or delegate the task to their Agency Administrators. In the case of delegating this task, they will train Agency Administrators on proper setup of user accounts.

- b. Local System Administrators will supervise license allocation for users and agencies within the CoC they serve. When necessary or requested, the Local System Administrator will purchase additional licenses directly for the CoC.
- c. The Local System Administrator will work in partnership with agencies and Agency Administrators in the CoC they serve to ensure that agency provider pages are set up correctly per the HUD Data Standards.
- d. The Local System Administrator will work directly with Agency Administrators and agencies, through a collaborative process to ensure proper visibility is established for the provider pages in the CoC they serve. The agency, at all times will be directly involved in the visibility process, and will sign off on any visibility changes made.

3. Communication

- a. The Local System Administrator will host regular User/Agency Administrator meetings for users of the system in the CoC they serve. These meetings will cover important news on changes in the system, items of local interest within the CoC, and issues identified by the Local System Administrator within the CoC.
- b. The Local System Administrator will share any key news items of local impact, interest, or relevance to the users and Agency Administrators in the CoC they serve.

4. Training

- a. The Local System Administrator will inform Agency Administrators and local users of required and recommended system trainings that are available through the NCHMIS training website.
- b. The Local System Administrator will provide localized training to CoC users and agencies for issues or items of importance related to the local community. These may include local PIT/HIC training, guidance on local data cleanup, or specific guidance on proper workflow and system usage that are identified through an audit process.
- c. The Local System Administrator will provide training for local users on initiatives identified and agreed upon between the Local System Administrator and the local CoC.

5. HUD Projects and Activities (Including AHAR, PIT/HIC, HMIS APR, SPMs, HUD NOFA):

- a. The Local System Administrator will work directly with CoC leadership to complete CoC wide HUD activities such as the AHAR, PIT/HIC, System Performance Measures and the CoC HUD NOFA submission. The Local System Administrator will also assist the CoC with work surrounding state and local funding initiatives which require data from the HMIS.
- b. The Local System Administrator will assist with completing the HMIS APR for the CoC they serve in.
- c. The Local System Administrator will provide support/technical assistance for agencies completing the CoC APR within their jurisdiction. This includes providing technical assistance with problem solving data quality issues, reporting issues, etc.

6. Local CoC Reporting

- a. The Local System Administrator will be responsible for providing reports to the CoC it serves as the HMIS Lead for, regarding requests made by the local CoC for data. These include, but are not limited to:
 - i. CoC wide demographics, performance outcomes, and data quality reports that are used for informational and evaluation purposes
 - ii. Final reports on submissions made to HUD for various HUD mandated activities such as the AHAR, PIT/HIC, System Performance Measures and the HMIS APR
 - iii. General requests for data of interest to the local CoC
 - iv. Any additional reporting requirements initiated by HUD that are required of the local CoC.
- b. The Local System Administrator will train local Agency Administrators and users on how to run reports at the agency level for the purpose of monitoring data quality and outcomes on a regular basis in the agencies that it serves.
- c. The Local System Administrator will be responsible for generating reports on activities and expenditures to the local CoC which he or she serves, as directed by the CoC.

7. CoC/Agency/Project Auditing and Monitoring

- a. The Local System Administrator will work with the local CoC to establish local HMIS policies and procedures using the system-wide Policies and Procedures document as a frame. The Local System Administrator will work with local CoC leadership and Agency Leadership/Administrators to update this document as needed.
- b. The Local System Administrator, collaborating with the Agency Administrators in the CoC which they serve, will audit agencies and projects to ensure compliance. Audit activities may include, but not be limited to:
 - i. Ensuring the agency has all required contracts, agreements and policies in place for participation on the HMIS.
 - ii. Verifying system users have completed all required training for system participation.
 - iii. Ensuring provider pages are correctly setup per HUD Standards Guidance.
 - iv. Ensuring agencies are following appropriate data entry protocol per the funding sources from which they receive funding.
 - v. Monitoring implementation of privacy, to ensure client rights are being protected.
 - vi. Regularly monitoring data quality, completeness and outcomes to ensure projects are maintaining a high level of compliance with HUD and CoC requirements.

(Note: Completion of these tasks are the responsibility of both the HMIS Lead (the Local System Administrator) and the agencies which participate on the system in the local CoC. The Local System Administrator can create a policy under which local agencies are responsible for monitoring themselves, and instruct them on application of that policy. The Local System Administrator can then assist agencies with implementing the policy locally to ensure compliance. The HMIS Lead has released a series of tools to help local HMIS Leads with the process of developing compliance tools.)

VI. DATA QUALITY PLAN AND WORKFLOWS:

A. Provider Page Set-Up:

1. Provider Pages are appropriately named per the NC HMIS naming standards **Agency Name – Location (CoC Name) – Project Name – Project Funding Descriptors**.
For example: The Salvation Army – Guilford CoC – Emergency Shelter Project – ESG.
Identification of funding stream is critical to completing required reporting to funding organization.
2. Inactive Provider Pages must be properly identified with “XXX Closed” followed by the year of the last project exit >Provider Page Name. For example, XXXClosed2016. For a detailed description of closing inactive provider pages, see the MCAH Procedure for Closing Inactive HMIS Provider Pages.
 - a. All clients in inactive/closed provider pages must be closed. Audit and clean-up of inactive pages includes closing all open services and incomes and exiting all unexited clients.
3. The primary provider contact information must be current and reflect where the services are being delivered.
4. HUD Data Standards must be fully completed on all provider pages:
 - a. CoC code must be correctly set. If a project stops functioning in the CoC, the appropriate end date must be added to the CoC Code Entry.
 - b. Project type codes must be correctly set.
 - c. If a project is an Emergency Shelter, the Method for Tracking Emergency Shelter Utilization field must be correctly set. If a project is not an Emergency Shelter, this field should be left null or “-Select-.”
 - d. Geocodes must be set correctly.
 - e. The Continuum Project field must be properly completed.
 - f. If a project is HOPWA, RHY, PATH or SSVF, the Provider Grant Type must be correctly filled out.
 - g. Bed and Unit Inventories must be set for applicable residential projects. Bed and Unit Inventories for all projects should be reviewed at least annually, and updated as needed.
 - h. Federal Partner Funding Source values should be selected for projects funded by one of the Federal Partners. Federal Partner Funding Sources are to be updated at least annually. If a project is not funded by a Federal Partner Funding Source, the option selected should be “NA.”
 - i. Assessments with the appropriate 3.917 Living Situation question must be assigned based on Program Type
 - i. Emergency Shelter, Street Outreach or Safe Haven projects should use 3.917a assessment.
 - ii. All other project types should use the 3.917b assessment.

B. Data Quality Plan:

1. Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local HARA’s to establish the homeless designation and maintain related documentation.
2. 100% of the clients must be entered into NC HMIS within 15 days of data collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected by:
 - a. Entering data into the system using the Enter Data As function if needed.
 - b. Entering the entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
 - c. Backdating the information into the system⁷
3. All staff are required to be trained on the definition of Homelessness.
 - a. NC HMIS provides a homeless definition crosswalk and a 3.917 flowchart to support agency level training.
 - b. There must be congruity between the following NC HMIS case record responses, based on the applicable homeless definition. Elements to HUD Data Standard Element 3.917a or 3.917b must be properly completed.
4. The agency has a process to ensure the First and Last Names are spelled properly and that the DOB and social security numbers are accurate.
 - a. Identification (ID) should be requested at intake to support proper spelling of the client’s name, as well as, the recording of the DOB.
 - b. If no ID is available, staff should request the legal spelling of the person’s name. **Staff should not assume they know the spelling of the name.**
 - c. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
 - d. Data for clients with significant privacy needs may be entered under the “unnamed record” feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the unnamed algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint ID number crosswalks (that are required to find the record again) must be maintained off-line in a secure location.
5. Income and non-cash benefits must be updated at least annually and at exit, or at the frequency specified by program requirements.
 - a. Annual Reviews will be completed in the 30 days prior to the anniversary of the client’s entry into services.
 - b. For PH projects with long stays, at the annual review, incomes that are over two years old must be updated by closing the existing income and entering a new income record (even

⁷ Clarification of existing policy.

if the income has not changed). This assures that the income has been confirmed and will pull properly into reports.

- c. For all other projects, any income(s) no longer available to the client should be closed on the day before intake (if data is shared from another provider), annual review and exit. If the income is over two years old, please follow the procedure defined above.⁸
6. Agencies must have an organized exit process that includes:
 - a. Educating clients and staff on the importance of planning and communicating regarding discharge destination and outcomes. This must be evidenced through staff meeting minutes or other training logs and records.
 - b. Discharge Destinations must be properly mapped to the HUD Destination Categories.
 - i. NC HMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.
 - ii. Projects must have defined processes for collecting this information from as many households as possible.⁹
 - c. There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.
7. Agency Administrators/staff regularly run data quality reports.
 - a. Report frequency should reflect the volume of data entered into the System. Frequency for funded projects will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume projects such as shelters and services only projects must review and correct data at least monthly. Lower volume projects such as Transitional and Permanent Housing must run following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment.¹⁰
 - b. The project entry and exit dates should be recorded for all participants upon project entry and exit. Entry dates should record the first day of service or project entry. A new project entry date is required for each period/episode of service. Exit dates should record the last day of residence before the participant left the shelter/housing project or the last day a service was provided.
 - c. Data quality screening and correction activities must confirm all required data is complete, and should include:
 - i. Correction of missing or inaccurate information in (red) Universal Data Element Fields.
 - ii. Completion of the Relationship to Household assessment questions.
 - iii. Completion of the 3.917 Living Situation series of questions.
 - iv. Completion of the 3.16 Client Location question.
 - v. Completion of the Domestic Violence questions.

⁸ Reflecting the 2015 data quality review of client income, staff are being asked to close any incomes that are more than two years old and to enter a new income with the income review process and to prevent the further accumulation of open old incomes to add closing of the income to the routine discharge processes.

⁹ Data indicates that some providers have regressed in completing discharge destination in the last year and accurately completing this field is vitally important to success. Beyond data entry issues, projects must define processes that collect this information from as many households as possible.

¹⁰ Additional detail was added for low volume environments that are required to annually update income and employment.

- vi. Completion of the HUD Verifications for all Income, Non Cash Benefits, Health Insurance and Disability sub-assessments.
- vii. Completion of the Residential move-in-date for all PH: RRH projects.
- viii. Completion of all of the project specific data elements, as required by the various funding sources supporting the project.
- d. Providers must audit unexited clients in the system by using the Length of Stay and unexited Client Data Quality Reports.
- 8. CoCs and Agencies are required to review Outcome Performance Reports/System Performance Measures reports defined by HUD and other funding organizations. Measures are based on Project Type. The CoC Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures.
- 9. Agencies are expected to participate in the CoC's Continuous Quality Improvement Plan. See CQI materials designed to support Data Quality through Continuous Quality Improvement.

C. Workflow Requirements:

- 1. Provider Page Configuration settings must use the assessments that are appropriate for the funding stream.
- 2. Users performing data entry must use the latest copies of the workflow guidance documents.
- 3. If using paper, the intake data collection forms must align correctly with the workflow.
- 4. 100% of clients must be entered into the system no later than 15 days from the intake date.
- 5. Agencies must actively monitor project participation and client exits. Clients must be exited within 30 days of last contact, unless project guidelines specify otherwise.
- 6. All required project information must be collected.
 - a. All HMIS participants are required to enter at minimum the Universal Data Elements.
 - b. Projects that serve clients over time are required to complete additional updates as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the Michigan Update form.

VII. RESEARCH AND ELECTRONIC DATA EXCHANGES

A. Electronic Data Exchanges:

- 1. Agencies electing to either import or export data from the NC HMIS must assure:
 - a. **Data Import** - The quality of the data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the CoC APR, the ESG CAPER, or other required reports as specified by the funder.
 - b. **Data Export** - Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination system. If the destination system operates under less restrictive rules, the client must be fully

- informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.
2. MSHDA/MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.
 - a. De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
 - b. Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
 - c. Projects used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a “trusted party” to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
 - d. CoCs will be provided a description of each study being implemented. Agencies or CoCs may opt out of the study through a written notice to MCAH or the study owner.
 3. MSHDA/ MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.
 - a. All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
 - b. CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.

APPENDIX A: DOCUMENT CHECKLIST FOR NC HMIS AGENCIES¹¹

All agencies that participate on the NC HMIS project are required to keep either a physical or electronic binder containing each of the following fully executed documents.

Contracts, Agreements, Policies and Procedures

- ☐ **Fully Executed MCAH Memorandum of Understanding:** (Only the HMIS and/or CoC Lead Agency is required to maintain this document.)
- ☐ **HMIS Policies and Procedures Document for the CoC:** (Only the HMIS and/or CoC Lead Agency are required to maintain this document. It must have been formally approved by the CoC as evidenced by CoC meeting minutes.)
- ☐ **Administrative QSOBAA:** Fully signed and executed
- ☐ **Participation Agreement:** Fully signed and executed
- ☐ **Sharing QSOBAAs:** (Only necessary if the agency has engaged in external sharing). Document should be fully signed and executed. If any changes have been made to a Sharing QSOBAA written documentation and approval of those changes by all parties must be included also.
- ☐ **Confidentiality Policy:** (As approved by Agency's Board of Directors)
- ☐ **Grievance Policy:** (As approved by Agency's Board of Directors)

NC HMIS User Documentation

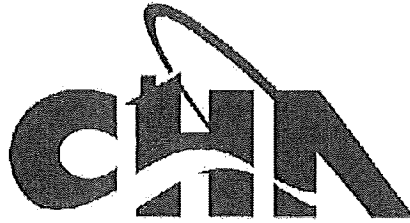
- ☐ **User Agreement and Code of Ethics Document:** Fully initialed and signed. A User Agreement and Code of Ethics document must be on file for all users currently licensed on NC HMIS. It is recommended that the User Agreement and Code of Ethics documents for employees no longer at the agency be kept with their separated employee file
- ☐ **User Training Documentation/Certification:** Documentation of all NC HMIS trainings completed by active users are to be kept in the NC HMIS binder. These trainings must be certified by either MCAH, a certified MCAH trainer, other identified statewide trainers or CoC identified trainers for CoC initiatives. Evidence of training include training completion certificates, successfully passed training quizzes, training logs, etc.

Agency Privacy Documents

- ☐ **HUD Posted Public Notice:** HUD Public Notices should be posted in locations where clients are seen.
- ☐ **Agency Privacy Notice:** Agencies can adopt the sample MCAH Notice or customize the notice to address agency needs.
- ☐ **Agency Privacy Policy:** Agencies can adopt the sample MCAH Policy or customize the policy to address agency needs.

¹¹ The previous Appendix A, has been removed due to a full revamping of the MCAH training protocol and documentation storage functionality on our website. MCAH will be releasing an updated version of this document as a real time tool during the HUD FY 2016.

- ☐ **Current Agency Privacy Script:** Developed and approved by agency leadership. The policy should be based on a current version of the CoC or Agency Release of Information.
- ☐ **Current Agency Release of Information:** Must specify all sharing partners and the sharing outreach plan, as applicable.



Housing Choice Voucher Program
Administrative Plan
for the
Housing Authority of the City of Charlotte
North Carolina
2015

Board Approved Version 06162015
Revision Approved 12152015
Revision Approved 01162016

CHA Policy

The CHA administers the following types of targeted funding:

Veterans Affairs Supportive Housing (VASH)

Family Unification Program (FUP)

Non Elderly Disabled (NED)

Demolition/Disposition

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

CHA Policy

The CHA will use the following local preferences:

1. Homeless Families participating in a self reliance, supportive service program that assists families in a shelter or in short term transitional housing programs.
2. Veteran Families.

3. **Working Families.** The CHA will establish a preference for “working” families, where the head, spouse, co-head, or sole member is employed at least 15 hours per week, participating in an economic self sufficiency program, full time students in a job training or accredited institution, receiving unemployment benefits or actively seeking work. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
4. **Near Elderly**
5. **Domestic Violence Victims**

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA’s fiscal year. ELI families are those with annual incomes is the greater of the federal poverty level or at or below 30% of the area median income. To ensure this requirement is met, the CHA may skip non-ELI families on the waiting list in order to select an ELI family. Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

CHA Policy

The CHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list PHAs are required to use targeted funding to assist only those families who meet the specified criteria, and PHAs are not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

ADMISSIONS AND CONTINUED OCCUPANCY POLICY
FOR THE
CHARLOTTE HOUSING AUTHORITY
PUBLIC HOUSING PROGRAM

Revision Date	
July 2013	

Approved by the PHA Board of Commissioners: July 16, 2013

preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will use the following local preferences:

1. Homeless Families participating in a self reliance, supportive service program that assists families in a shelter or in short term transitional housing programs (maximum of 90 days).
2. Veteran Families.
3. Working Families. The PHA will establish a preference for "working" families, where the head, spouse, co-head, or sole member is employed at least 15 hours per week, participating in an economic self sufficiency program, full time students in a job training or accredited institution, receiving unemployment benefits or actively seeking work. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
4. Near Elderly
5. Domestic Violence Victims

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under

NC 505
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Memorandum of Understanding
North Carolina Statewide HMIS
North Carolina Continuum of Care and the Michigan Coalition Against Homelessness
July 1, 2017 – June 30, 2018

Objective: This MOU is designed to provide a frame for North Carolina's multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continua of Care.

Continuum of Care (CoC): Charlotte-Mecklenburg (NC505) agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Mediware Information Systems, Inc. ("Mediware"), using ServicePoint software. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.

Roles and Responsibilities:

Michigan Coalition Against Homelessness:

1. Management of the Statewide Vendor Contract with Mediware Information Systems, Inc. ("Mediware")
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
5. Designate ex-officio staff member for NC HMIS Governance Committee
6. Provide for system administration and analyst staffing of help desk services between 9am and 5pm weekdays and after-hours emergency response.
7. Negotiate the cost for local licenses to the Statewide System via contracts with Mediware
8. Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
 - a. Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
 - b. HUD mandated activities including Point In Time, Housing Inventory Count, Annual Performance Report, System Performance Measures and the Annual Homelessness Assessment Report.
 - c. Provide data for Statewide and CoC-specific unduplicated homeless counts.
 - d. Research projects that involve statewide data sets.

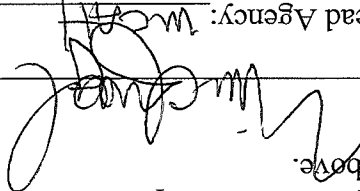
North Carolina Continua of Care:

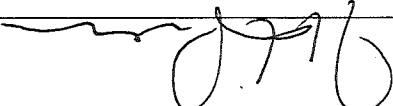
- e. Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
- f. Support for local Continuous Quality Improvement efforts.
9. Execute Contract for Services with CoC-designated fiduciary entities.
10. Provide the NC HMIS Governance Committee monthly reports updating the status and accomplishments of the NC HMIS project aligned with the scope of work and corresponding work plan approved by the Governance Committee.

1. Designate HMIS system
2. Designate CoC members and CoC alternates to NC HMIS Governance Committee
3. Ensure consistent participation of recipients and sub recipients in the HMIS
4. Uphold Cost-sharing agreement set by Governance Committee, including no/late-payment consequences
5. Plan the local HMIS implementation to maximize the greatest possible participation from homeless service providers.
6. To the extent permitted by law, comply with North Carolina Statewide Privacy Protocols as specified in the Administrative and Sharing Qualified Services Organization Business Associates Agreements (QSOBAAs), Participation Agreements and the User Agreement Code of Ethics.
7. Adopt any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
8. Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
 - a. Demonstrate competence in required training in privacy, security and system operation (e.g. provider page, workflows and reports).
 - b. License local users and support data organization and completion of Provider Pages for participating agencies.
 - c. Assign licenses to Agency Administrators and/or users.
 - d. Host local HMIS operations meeting(s) and/or assure that Agency Administrators are attending the Statewide User Meetings.
 - e. Assure that all users are trained in privacy, security and system operation. Participate in HUD mandated measurement including PIT, HIC, APRs, System Performance Measures and the AHAR as appropriate.
 - f. Participate in the annual PIT count process and support publication of local reports.
 - h. Support the CoC's Continuous Quality Improvement efforts.
9. Through the Governance Committee, CoCs will:
 - a. Review, revise and approve Privacy, Security and Data Quality Plans
 - b. Ensure HMIS is administered to meet HUD standards
 - c. Approve MCAH budget and technical agreements
10. Designate fiduciary responsible for entering into a Contract for Services with HMIS Lead Agency

11. Designate eligible applicants to receive HMIS funds that will best allow them to participate in the statewide HMIS

The parties hereto have caused this Memorandum of Understanding to be executed by their duly authorized representatives and signed under seal effective as of the date first written above.

Signed: 
HMIS Lead Agency: West Hill
Title: Exec. Director
Date: 2/5/17

Signed: 
COC Representative: Joe Finner
Title: Group Housing Advisory Board
Date: 2-28-17



HOUSING ADVISORY BOARD OF CHARLOTTE-MECKLENBURG



Background

As required by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the City of Charlotte became the lead agency for the Charlotte-Mecklenburg Continuum of Care (NC505) in July 2013. These written standards are used as a guide for all CoC and ESG-funded agencies providing homeless assistance.

Homelessness Prevention

Homelessness Prevention provides housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from entering an emergency shelter, a place not meant for human habitation, or another place described in HUD's homeless definition.

1. Clients are required to provide documentation of need, e.g. eviction or utility cut-off notice.
2. Rent and Program Standards
 - Agency must determine percentage or amount of rent and utility costs each program must pay while receiving prevention financial assistance (only applicable for clients with income)
3. Clients pay 30% minus utilities unless there are other factors determined by case managers
 - Agency must determine maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant
4. Agencies must provide assistance for the shortest amount of time possible while ensuring an exit to permanent housing.
5. Agencies are aware of ESG restrictions of up to 24 months.
6. On-going agency evaluation will determine continued need for client assistance.

Emergency Shelter

Emergency shelter purpose is to provide temporary shelter for individuals and families in need of emergency housing.

1. The goal is to assist clients through their housing crisis by quickly accessing their needs and providing appropriate services.
2. The community strives to provide permanent housing within 30 days for individuals and families residing in an emergency shelter.
3. Emergency shelters participate in the Continuum of Care's coordinated assessment process (not

applicable to people fleeing domestic violence).

4. Individuals and families who cannot be diverted are prioritized for shelter beds (not applicable to people fleeing domestic violence).

Rapid Re-Housing

I. Introduction

Rapid re-housing is designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again. Rapid re-housing is defined as an intervention providing short-term or medium-term assistance (up to 24 months) to households. In this type of program, the lease for the unit must be between the landlord and the program participant.

The following explains how the Charlotte-Mecklenburg community measures performance of rapid re-housing programs. It also outlines standards for the three core components of rapid re-housing programs: housing identification, rent and move-in assistance, and case management and services. The standards described in this document are based on the standards produced by the National Alliance to End Homelessness (NAEH) which are based on what is currently considered promising practice by NAEH, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), the U.S. Interagency Council on Homelessness (USICH), Abt Associates and other federal technical assistance providers, and nationally-recognized, high-performing rapid re-housing providers¹.

II. Performance Measures

The Charlotte-Mecklenburg community has adopted six system performance measures for its homeless services system. Four of those measures are calculated for rapid re-housing programs. Those measures are calculated using data from the North Carolina homeless management information system (NC HMIS). Three of these measures align directly with the three primary goals of rapid re-housing which are to reduce the length of time program participants spend homeless, exit households to permanent housing, and limit returns to homelessness. At this time, our community has not set specific benchmarks for each measure for rapid re-housing programs, so these measures are discussed as community goals and how rapid re-housing programs can impact those overall community goals. This document will be updated in the future as specific benchmarks are set.

1. Performance Measure: Length of time Homeless

The community's goal is to reduce the average length of time person remains homeless in emergency shelter or transitional housing. Rapid re-housing programs can help reduce the length of time homeless by quickly identifying housing opportunities and helping households access those housing opportunities.

2. Performance Measure: Exits to Permanent Housing

The community's goal is to increase the percentage of people who exit the homeless services system to permanent housing. Permanent housing has several definitions in NC HMIS, such as private, unsubsidized housing or housing shared with friends for a more permanent tenure (instead of temporary tenure). Rapid re-housing programs can impact this measure through housing identification, housing placement, and case management services.

¹ *Rapid Re-Housing Performance Benchmarks and Program Standards* (Issue brief). (2016, February 15). Retrieved April 19, 2017, from National Alliance to End Homelessness website: <http://www.endhomelessness.org/page/-/files/Performance%20Benchmarks%20and%20Program%20Standards.pdf>

3. Performance Measure: Returns to Homelessness

The community's goal is to reduce the percentage of persons who return to homelessness and is measured as the extent to which persons who leave homelessness to permanent housing experience additional periods of homelessness. Rapid re-housing programs can help with this goal by placing individuals and families in appropriate housing and providing effective case management.

4. Performance Measure: Employment and Income Growth

While this measure is not one of the three primary goals of rapid re-housing programs, as defined by NAEH, our community has chosen to use this measure for all providers in the homeless services system. The community's goal is to increase the percentage of adults, in Continuum of Care-funded projects, who gain or increase employment or non-employment cash income between entry of the homeless services system to exit. Rapid re-housing programs help to impact this measure through case management services that focus on helping households enroll for specific benefits and increase employment and earnings over time.

III. Core Component Program Standards: Housing Identification & Rent and Move-in Assistance

H1. Programs explain purpose of intervention prior to admitting the individual or family into the program. Programs have guidelines that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.

H2. Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.

H3. Programs may provide assistance with rental application fees (ESG, CoC and SSVF only), moving costs (ESG, SSVF, and CoC only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC, HOME, and SSVF), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance. In order to maximize every limited resource, expenses paid outside of rent shall be of last resort. Programs problem solve with participants in order to determine alternative resources.

H4. **Lease:** The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month and terminable only for cause. HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253). Master leasing is permissible if subsidy source allows. The intention of master leasing is to stabilize household and transfer lease to household.

H5. **Rental Assistance Agreement:** Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.

H6. Programs shall take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Programs are to remain flexible, taking into account the unique and changing needs of the household. The household's payment are to reflect the regulations of the subsidy funding source. In cases in which households lack any source of income and the funding source is HOME TBRA program, programs can choose not to charge households rent during their participation in the program. This practice shall be on a case-by-case basis and not a standard of practice. All rent payments made by program must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household at least every 3 months, or what is stipulated by subsidy source, whatever is shorter. Programs are to have written policies and procedures for determining the amount of rent participants pay towards housing costs. This amount must be reasonable based on household income including \$0 for households with no income. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program. When the program determines the household would not imminently return to homelessness if financial assistance ended, financial assistance should end. Support services may continue when financial resources end.

H7. When determining the amount and length of financial assistance, programs should base their decision on the needs of the household and its housing stability plan. In order to maintain fair and consistent expectations for all households, programs are to have well-defined policies and procedures for determining the amount and length of time for financial assistance to program participants as well as defined and objective standards for when case management and/or financial assistance should continue or end. Programs must review the amount of rental assistance provided every 3 months and continued need determined through consultation between the participant and the case manager. Programs shall review regulations for the funding source to determine minimum/maximum months rental assistance may be paid.

H8. **Use with other subsidies:** Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified. Utility payments must be paid directly to the utility company.

IV. Core Component Program Standards: Rapid Re-Housing Case Management and Services

A. Program Staff

C1. Case manager's job descriptions direct case managers to focus on housing and to use strengths based practices focused on participant engagement and meeting the unique needs of each household.

C2. Program staff assist participants in identifying safe, decent and affordable housing as quickly as possible in order to end the participant's housing crisis. This service may be with the program's housing locator or case manager.

C3. Case managers are trained on RRH case management strategies, housing first, harm reduction, and other related evidence-based practices as well as program policies and community resources. Training regarding home visit safety is also provided. Additionally, a program has a regular process for onboarding new case managers and their supervisors and in providing ongoing training opportunities.

B. Program Policies

C4. Home visits are to occur at least once per month at a time directed by program participant. Visits may take place outside regular business hours.

C5. Case managers respect a program participant's home as their own, scheduling appointments ahead of time, only entering when invited in, and respecting the program participant's personal property and wishes while in their home.

C6. Rapid Rehousing case management services offered by a program are voluntary for the program participant. Case managers are to make every attempt in building rapport and engaging participant.

C7. Program has clear safety procedures for home visits, considering both the safety of the rapid rehousing participant as well as the case manager when conducting home visits.

C8. Program has clearly defined relationships with employment and income programs and connects program participants.

C9. Program has clearly defined policies and objective standards for when case management should continue and end. Services may continue even after the subsidy ends. These guidelines are flexible enough to respond to the varied and changing needs of program participants. In instances where cases are continued outside of these defined policies and objective standards, there is a review and approval process.

C. Program Activities

Obtain and Move into Permanent Housing

C10. Within three (3) business days of enrollment, program conducts a tenancy barriers assessment to identify and address any possible barriers. This assessment does not influence participant access to services.

C11. Case manager connects participants to community resources that help participants:

- Resolve or navigate tenant problems (like rental and utility arrears or multiple evictions) that landlords may screen for on rental applications;
- Obtain necessary documentation such as photo identification;
- Prepare participants for successful tenancy by reviewing lease provisions; and support other move-in activities such as providing furniture.
- Obtain mainstream resources, including, but not limited to income supplements/benefits (TANF, Food Stamps/SNAP, disability), non-cash supports (healthcare, food supports, etc.), legal assistance, credit counseling, and subsidized childcare. When making these referrals, it is the case manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.

C12. Programs offers basic tenancy skills learning opportunities which can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage.

Support Stabilization in Housing

C13. Case manager works directly with the participant and landlord to resolve tenancy issues without threatening the participant's tenancy. Issues may be related to lease violations by either party. Program works quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keeps the landlord and participant informed about the program's action to mitigate the situation.

C14. Case managers work with participants to build their communication skills to create positive relationship with landlord. This relationship may assist in preventing evictions and encourage proactive communication.

C15. Case managers help participants avoid evictions before they happen, and maintain a positive relationship with the landlord. This can be done by moving a household into a different unit prior to eviction and possibly identifying a new tenant household for the landlord's unit. Eviction for unit does not equate to discharge from program, and program shall assist participant in identifying alternative permanent housing.

C16. Housing Stability plans are directed by program participant and are initiated upon referral to program and no later than move in day and reviewed at every 3 months. Goals focus on how participants maintain a lease and address barriers to housing retention, including maximizing their ability to pay rent; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in housing crisis or housing loss. Plans account for participant preferences/choices, and include only goals created with and agreed to by the participant.

C17. Though income is not a requirement at the beginning of a program, case managers help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income. Options include benefit enrollment and increasing employment and earnings over time.

C18. Case managers work with participants to identify pathways for increasing earned income, including participating in mainstream and community employment support programs as well as using a program's own employer connections.

C19. Participants are assisted in identifying existing familial and personal connections that can help them maintain housing by providing supports such as child care, transportation, etc. Participants may choose not to engage in this process.

Close the Case

C20. When closing a case, case managers are responsible for ensuring that all appropriate referrals have been made and information on available community assistance has been shared with a participant. Resources include those related to income as well as mental health, healthcare, domestic violence services, or any other resource that assists in participant in maintaining housing.

C21. When a referral to on-going supports is made while a case is open or in the process of closing, case managers provide a "warm handoff" and follow up, to assure that assistance is satisfactory.

C22. When closing a case, case managers provide information to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available. Programs shall make every attempt to not leave participants in imminent risk of homelessness. Programs have the ability to either directly intervene or provide referral to another prevention resource.

D. Program Philosophy and Design

Beyond ending homelessness for individual households, rapid re-housing (RRH) plays a key role in ending homelessness overall. To do so effectively and efficiently, a program must coordinate with the broader homeless system and have a commitment to a Housing First approach. It shall not screen out households based on barriers or discharge participants due to them.

Permanent Supportive Housing

I. Purpose

These written standards reflects the new definition of chronically homeless as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which CPD-16-11 supersedes.

PSH must be targeted to serve chronic homeless persons with the highest needs and greatest barriers toward obtaining and maintaining housing.

Permanent Supportive Housing providers must participate in the Continuum of Care’s coordinated assessment process.

II. Goals of the Orders of Priority

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH. These written standards revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule.

Two goals achieved through these standards:

1. Establish a recommended order of priority for dedicated and prioritized PSH that ensure persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.
2. Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

III. Key Terms

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Chronically Homeless. The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

1. A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
and
 - has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the

occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Severity of Service Needs refers to persons who have been identified as having the most severe service needs.

For the purposes of this Notice, this means an individual for whom at least one of the following is true:

- a. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- b. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- c. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- d. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high- need, high cost beneficiaries.

Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

IV. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the NC505 geographic area that meet that criteria. If there are no persons within the NC505 geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non- dedicated PSH established in these standards. However, that bed will continue to be a dedicated bed so when it becomes vacant, again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the NC505 geographic area at that time. These PSH beds are also reported as on the NC505 Housing Inventory Count (HIC).

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. Projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the grant agreement.

All recipients of non-dedicated CoC Program-funded PSH shall change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the NC505 geographic area who meet that criteria. The total number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

V. Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. These written standards include an order of priority for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
2. Where there are no chronically homeless individuals and families within the NC505 geographic area recipients of CoC Program-funded PSH will follow the order of priority in these standards.
3. Recipients of CoC Program-funded PSH will follow the order of priority above while also considering the NC505 goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria. If there were no persons with a serious mental illness that also met the criteria of chronically homeless within the NC505 geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. Persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to

engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

CoC Program-funded PSH that are not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

1. First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

2. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

3. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

4. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

5. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC

Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. to the extent in which youth meet the stated criteria.

6. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority as adopted by the CoC. Some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH. Recipients of CoC Program-funded PSH will follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and these individuals and families must continue to be prioritized until they are housed.

VI. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires each CoC to establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. These written standards incorporate a coordinated entry process to ensure there is a single prioritized list for all CoC Program-funded PSH within NC505.

B. Written Standards for Creation of a Single Prioritized List for PSH

All CoC Program-funded PSH will accept referrals only through a single prioritized list that is created through the NC505 coordinated entry process and informed by the CoC's street outreach and other administrative data systems. Adoption of this referral process into the NC505 policies and procedures for coordinated entry will further ensure that CoC Program-funded PSH is being used most effectively. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

Agencies must utilize the standardized assessment tool and referral requirements as described in the NC505 Coordinated Assessment Policy and Procedure Manual and in accordance with 24 CFR 578.3 and these written standards.

D. Nondiscrimination Requirements

Recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

VII. Recordkeeping Recommendations the Orders of Priority

Documentation requirements are outlined in 24 CFR 578.103(a)(4) for all recipients of dedicated and non-dedicated CoC Program-funded PSH for determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, recipients of CoC Program-funded PSH will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- A. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case- conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow these written standards for prioritizing assistance, as adopted by the CoC. In accordance with the written standards for prioritizing assistance, recipients must document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.
- C. Evidence that there are no Households Meeting Higher Order of Priority within NC505 Geographic Area.**
- (a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the NC505 geographic area. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. The recipient of PSH may refer to that list as evidence to satisfy this evidence.
- (b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the NC505 geographic area. The recipient of PSH may refer to the priority list as evidence that there were no households identified within the NC505 geographic area that meet a higher order of priority.

2017 HDX Competition Report

PIT Count Data for NC-505 - Charlotte/Mecklenberg CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	1818	1476
Emergency Shelter Total	1149	991
Safe Haven Total	0	0
Transitional Housing Total	482	270
Total Sheltered Count	1631	1261
Total Unsheltered Count	187	215

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	191	147
Sheltered Count of Chronically Homeless Persons	128	78
Unsheltered Count of Chronically Homeless Persons	63	69

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	226	148
Sheltered Count of Homeless Households with Children	225	146
Unsheltered Count of Homeless Households with Children	1	2

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	248	149	137
Sheltered Count of Homeless Veterans	242	124	113
Unsheltered Count of Homeless Veterans	6	25	24

2017 HDX Competition Report

HIC Data for NC-505 - Charlotte/Mecklenberg CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	827	80	735	98.39%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	360	0	348	96.67%
Rapid Re-Housing (RRH) Beds	1051	0	1051	100.00%
Permanent Supportive Housing (PSH) Beds	1253	0	765	61.05%
Other Permanent Housing (OPH) Beds	178	0	178	100.00%
Total Beds	3,669	80	3077	85.73%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	589	765

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	252	279

2017 HDX Competition Report

HIC Data for NC-505 - Charlotte/Mecklenberg CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	958	1051

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for NC-505 - Charlotte/Mecklenberg CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

- a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

2017 HDX Competition Report

	Universe (Persons)			Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	5488	5591	5495	74	66	71	37	30	31	1
1.2 Persons in ES, SH, and TH	6179	6303	5972	113	104	97	49	42	40	-2

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)	
	Previous FY	Current FY	Previous FY	Current FY	Previous FY	Current FY
1.1 Persons in ES and SH	-	5484	-	233	-	44
1.2 Persons in ES, SH, and TH	-	5964	-	252	-	59

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	22	10	3	0	0%	0	1	10%	2	1	10%	2	20%
Exit was from ES	595	787	48	82	10%	31	41	5%	49	45	6%	168	21%
Exit was from TH	343	450	16	35	8%	5	25	6%	9	11	2%	71	16%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	256	428	13	15	4%	14	16	4%	12	24	6%	55	13%
TOTAL Returns to Homelessness	1216	1675	80	132	8%	50	83	5%	72	81	5%	296	18%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

9/23/2017 2:10:28 PM

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2001	1818	-183
Emergency Shelter Total	1183	1149	-34
Safe Haven Total	0	0	0
Transitional Housing Total	638	482	-156
Total Sheltered Count	1821	1631	-190
Unsheltered Count	180	187	7

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	6330	6522	6167	-355
Emergency Shelter Total	5579	5709	5541	-168
Safe Haven Total	0	0	0	0
Transitional Housing Total	979	1047	781	-266

2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	315	329	260	-69
Number of adults with increased earned income	8	8	15	7
Percentage of adults who increased earned income	3%	2%	6%	4%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	315	329	260	-69
Number of adults with increased non-employment cash income	64	69	36	-33
Percentage of adults who increased non-employment cash income	20%	21%	14%	-7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	315	329	260	-69
Number of adults with increased total income	71	76	50	-26
Percentage of adults who increased total income	23%	23%	19%	-4%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	212	213	281	68
Number of adults who exited with increased earned income	86	86	83	-3
Percentage of adults who increased earned income	41%	40%	30%	-10%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	212	213	281	68
Number of adults who exited with increased non-employment cash income	38	36	22	-14
Percentage of adults who increased non-employment cash income	18%	17%	8%	-9%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	212	213	281	68
Number of adults who exited with increased total income	120	118	102	-16
Percentage of adults who increased total income	57%	55%	36%	-19%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5715	5718	5376	-342
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1634	1636	1614	-22
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4081	4082	3762	-320

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6463	6339	5929	-410
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1876	1860	1816	-44
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4587	4479	4113	-366

2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	73	73	115	42
Of persons above, those who exited to temporary & some institutional destinations	5	5	6	1
Of the persons above, those who exited to permanent housing destinations	42	42	70	28
% Successful exits	64%	64%	66%	2%

Metric 7b.1 – Change in exits to permanent housing destinations

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	5087	4997	4700	-297
Of the persons above, those who exited to permanent housing destinations	1516	1847	2327	480
% Successful exits	30%	37%	50%	13%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	758	895	979	84
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	726	862	937	75
% Successful exits/retention	96%	96%	96%	0%

2017 HDX Competition Report

FY2016 - SysPM Data Quality

NC-505 - Charlotte/Mecklenberg CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report

FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	796	750	750	855	1013	815	721	601	808	896	975	1097	117	1027	726	958				
2. Number of HMIS Beds	775	729	729	815	863	723	651	546	522	571	625	752	117	1027	726	958				
3. HMIS Participation Rate from HIC (%)	97.36	97.20	97.20	95.32	85.19	88.71	90.29	90.85	64.60	63.73	64.10	68.55	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	4518	4793	5449	4863	1222	1302	965	709	633	723	789	774	615	717	1209	1673	8	4	34	68
5. Total Leavers (HMIS)	3829	4061	4607	3952	622	762	542	429	79	105	107	106	239	269	331	558	5	1	5	41
6. Destination of Don't Know, Refused, or Missing (HMIS)	2840	2777	2136	1436	108	127	44	45	2	6	7	2	15	31	25	12	0	0	2	8
7. Destination Error Rate (%)	74.17	68.38	46.36	36.34	17.36	16.67	8.12	10.49	2.53	5.71	6.54	1.89	6.28	11.52	7.55	2.15	0.00	0.00	40.00	19.51

2017 HDX Competition Report

Submission and Count Dates for NC-505 - Charlotte/Mecklenberg CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/25/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/29/2017	Yes
2017 HIC Count Submittal Date	4/29/2017	Yes
2016 System PM Submittal Date	6/4/2017	Yes

**Charlotte-Mecklenburg Continuum of Care
Ensuring Access to Educational Services Guidelines**

Charlotte-Mecklenburg Continuum of Care is dedicated to ensuring that all homeless children are provided the resources necessary to stabilize their housing, support their growth and development, and minimize the trauma of homelessness. To that end, the immediate assessment of children's needs and connection to all early intervention and educational supports available and assisting guardians in advocating for their rights under the McKinney-Vento program is key. Therefore, Homeless service providers should incorporate information from the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) related to education assurances into program intakes.

Providers receiving Continuum of Care and Emergency Solution Grant funding for shelter, transitional housing, and permanent housing for families are encouraged to follow these practices in order to meet the developmental needs of homeless children and youth as defined under McKinney-Vento (42 U.S.C § 11434a(2)):

Program staff should provide the parent or guardian with information on:

- The district school that is the appropriate for the age/grade level of the child.
- The rights under the McKinney-Vento legislation to remain at the school of origin, if feasible; and to be immediately enrolled regardless of the availability of previous school records, health records, birth certificates, or proof of residency.
- The contact information for the school social worker and the Charlotte-Mecklenburg Schools McKinney-Vento Liaison.

Additional guidelines:

- Parents or Guardians choosing to home school children should provide program staff with grade appropriate curriculum or web-based programming being used to support an adequate home-school program and proof of ongoing progress in mastering grade-level material, either via progress reports and/or testing results in accordance with North Carolina General Statutes.
- If requested by the parent, guardian or unaccompanied youth to facilitate engagement in school-based services, programs will assist with make arrangements with the appropriate school's transportation service coordinator.

Attendance and Success

School attendance is critical in realizing academic success. Program staff should encourage parents to follow school policies regarding excused absences and medical documentation necessary to return to school after an illness or injury.

Every parent, guardian or custodian having charge or control of a child between the ages of seven and 16 years must be enrolled in school (see, N.C.G.S. § 115C-378). Program participants must be enrolled in school within 5 business days of admission to the program.

Programs are encouraged to develop relationships with community partners to offer educational support on-site, such as tutoring, reading programs, and access to supplemental learning material.

Early Childhood Development

Programs are encouraged to inform families of all available options for child care and developmental support, including evaluation when a delay is suspected.

Programs are encouraged to assist families in enrolling children in health care coverage and accessing annual wellness evaluations to support understanding of age-appropriate developmental milestones and immunization choice.

Training and Professional Development

Program staff are encouraged to attend the annual HUD, McKinney-Vento, or CoC sponsored trainings on access to education and supporting childhood development.

Resources

The following is a list of online resources with additional information on supporting homeless children and youth in accessing all available education resources:

National Association for the Education of Homeless Children and Youth

www.naehcy.org

National Center for the Homeless Education

www.serve.org/nche

North Carolina Homeless Education Program

center.serve.org/hepnc

National Network for Youth

www.NN4Youth.org

NC Department of Education

www.ncpublicschools.org

National Coalition for the Homeless

www.nationalhomeless.org